

DOCTORAL THESIS

An exploration of women's identity during menopause: a Grounded Theory Study

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**An exploration of women's identity
during menopause: a Grounded Theory
Study**

by

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A thesis submitted in partial fulfilment of the
requirements for the degree of PsychD

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Abstract

This study is an exploration of how menopause affects women's identity. Semi-structured interviews were conducted with 12 women and analysed following constructivist Grounded Theory methods (Charmaz, 2006). The grounded theory developed seeks to explain the social processes involved in shaping the meaning women made of menopause and the impact of these meanings for their lives and social roles.

Participants gave accounts of menopause situated in the unique circumstances of their lives, and described seeking to continue constructing a narrative of their life, while their body and place in the social world shifted. Cavarero's (1997/2000) concept of the narratable self was used to understand the impact of menopause on identity as a struggle to be seen as 'who' I am rather than the blanketing 'what' of menopausal narratives.

The study shows a biomedical discourse and a focus on women as childbearers constructing menopause as marking transition to another phase of life. This necessitated renegotiation of role and status in the face of menopause narratives questioning women's relevance, vigour, attractiveness and emotional stability. This account of a transition can enable women to refocus on their goals and wellbeing. The study has observed a social etiquette of keeping menopause hidden, impacting women's managing at menopause and enabling dismissive menopausal narratives to persist. The strain of continuing their life story whilst negotiating these changes and keeping menopause hidden led to an emotional reaction in many participants.

Implications are considered for Counselling Psychologist practice and services for menopausal women and suggestions made for further research.

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Chapter 1 – Introduction

What is menopause?

The term menopause is used to refer to the permanent end of menstruation, which occurs on average at the age of 51 in the UK. Information widely available to women about menopause tends to focus on symptoms (eg NHS Choices). So for example, a woman visiting the main page about menopause on the NHS Choices website would read that:

- *The menopause is caused by a change in the balance of the body's sex hormones.*
- *A woman's ovaries stop producing an egg every four weeks. She no longer has monthly periods and is unlikely to get pregnant.*
- *The reduction in oestrogen causes physical and emotional symptoms, including: hot flushes , night sweats, mood swings, vaginal dryness*
- *You should see your GP if you have menopausal symptoms that are troubling you.*
- *Medication isn't always needed to treat oestrogen deficiency symptoms that can occur around the time of the menopause. Many women find that making simple diet and lifestyle changes can help relieve their symptoms.*

This presents the menopause solely as a biological event using medical language associated with illness, which may position menopausal women as diminished by a hormone deficiency. However, the bodily transition of menopause happens over time, in the context of individual circumstances and cultural discourses on gender,

reproduction, sexuality and ageing. Approaching the research from a social constructionist viewpoint (Burr, 2003), I argue that these combine to form the experience of menopause and its meaning for each woman. The predominant ways of thinking about menopause in Western culture can be summarised as a biomedical discourse, a feminist sociocultural discourse and a third wave feminist critique and the implications of these will be explored further in the literature review.

Definitions

In this study the word menopause is used consistently with the ordinary language of women, to refer to the time in their lives when they observe physical changes which indicate to them that menstruation is ending. The World Health Organisation definition (WHO, 1981) defines menopause as having occurred once a woman has not had a period for 12 months. The perimenopause refers to the time of menstrual changes immediately before and 12 months after menopause. There are a number of difficulties with this definition: it is applied retrospectively; it does not fit for many women as not all are menstruating regularly prior to menopause; and it does not fit women's experience in that they may experience bodily changes some time before they would be classified as menopausal. I would argue that this language is based in a medical model of disease classification and is not suitable for a developmental process (Gannon, 1999).

Why is menopause of interest now?

Over the past two generations, there have been significant changes for women in their 50s in work life, child-bearing, relationship patterns and life expectancy, and these may impact their experience of menopause. Average age at menopause has remained constant in the UK at 51 but compared with her grandmother, a menopausal woman today is more likely to be working; to expect another 3 decades of life; to have teenage children at home or to be childless; and to be single or in a new relationship (Office for National Statistics 2009, 2010, 2011). Therefore it is important to look at how these generational changes may impact women at menopause.

There have also been significant changes in how menopause has been treated. Hormone Replacement Therapy was introduced in the 1960s and promoted as a way for women to remain 'Feminine Forever' (Wilson, 1966). Following publication of long term studies indicating possible increased risk of cardiovascular disease and breast cancer associated with prolonged HRT use (Writing Group for the Women's Health Initiative Investigators, 2002) prevalence of HRT treatment fell in the UK from 30% in 2002 to 10% in 2005 (Menon et al, 2007). It is likely that this will have led to changes in how women relate to their menopausal bodies and possibly to interest in other ways of responding to menopause. Therefore, in the light of all these changes, it is timely to re-examine women's experience of menopause.

Why is menopause of interest to me?

This research topic was brought to mind by two observations during my training.

First, several women clients mentioned menopause, for example “I got the anxiety part of menopause” and “I’ll hit menopause and then I’ll fall apart.” Second, some clients expressed being more emotional before their period and we spent time working with how they understood this and possible responses. It seemed that discourses about hormones may be important to how women interpreted their emotions and therefore to their experience, and that I needed to develop my understanding in this area as a trainee Counselling Psychologist. However, this was not covered in training, and I found little in the recent literature about menopause.

I describe myself as a feminist and approached this subject resistant to ideas of hormonally caused premenstrual tension and menopausal mood swings, which I regarded as dismissive of women. I am a woman in my mid 50s and my own menopause began more than 10 years before beginning this study. At the time, I was working and had young children. I managed the physiological impact, primarily disturbed sleep, but did not attend to its meaning for me. Therefore I did not feel that I had much to draw on from my own experience to help understand my clients. As I began reading for this study, my interest broadened from how women understood emotion to a more general question about how, or if, menopause impacted the way women thought about themselves and their lives. Perhaps, the research area was also an opportunity for me to explore an aspect of my life which had passed largely without notice or reflection.

Why is menopause of interest to Counselling Psychologists?

Menopause is a developmental process in the lives of women and as such will inevitably be a part of life for many clients. Further, there is some evidence of an increased prevalence of depression diagnoses at menopausal age (Llaneza et al, 2012) although there is no clear evidence of causation (Bromberger et al, 2010). This may relate to other life events such as bereavement, or relationship breakdown. A recent review suggests that the incidence of depression is not increased at menopause and the increase in diagnoses may reflect overlap between diagnostic criteria used for depression and menopause experience, such as disturbed sleep and tiredness (Judd et al, 2012). Whatever the reasons, the evidence suggests that women in mid-life may be more likely to be referred for psychological therapy for depression. Therefore Counselling Psychologists are likely to see significant numbers of clients of menopausal age. It is important for the profession to gain understanding of its potential significance, given the Counselling Psychologist's aim to gain a holistic understanding of the client's lived experience (Cooper, 2009).

Research aims

This study aims to obtain rich accounts from women of their menopause and to analyse them to produce a socially contextualised theory of the experience and meaning of menopause for these women, with particular reference to how they think about themselves and the social roles they occupy. Consistent with the Grounded Research methodology, the research focus is deliberately broad to allow

space for the data brought by participants to shape the direction of the study (Glaser, 1998, Birks & Mills, 2011).

Overview of the study

Chapter 2 is an overview of the literature relating to women's experience of menopause. The selection development and implementation of the Grounded Theory research method is described in chapter 3. The theory developed is described in detail in chapter 4. The theory is discussed and positioned in the literature in chapter 5. In chapter 6 I critique the study and reflect on my personal response. The study concludes in chapter 7 with an exploration of the implications for counselling psychology and ideas for further research.

Chapter 2 - Literature Review

Introduction

My intention in this literature review is twofold: first, to argue from the current literature that an exploratory study of how women think about themselves at menopause would add to Counselling Psychology professional knowledge; second, to give a transparent account of my reading and the direction of my thinking as I approached interviewing and analysis.

I am considering women's menopause experiences to be formed from cultural, as well as social, psychological and biological factors and so I began my wider reading by exploring the menopause narratives available to women. I will describe the main ways of thinking about menopause present in the recent Western literature and consider the implications of these viewpoints for women's experience of menopause. I will review current research on women's menopause experience and consider the potential impact of menopause on women's identity. Given the changes in women's lives described in the introduction, I will argue that it is timely to conduct an exploratory study into how women think about themselves at menopause.

This is a Grounded Theory study and the use of existing research has been controversial. Glaser and Strauss (1967) originally argued that researchers should not carry out an initial literature review, to encourage the development of novel theory rather than imposing categories drawn from existing work. However their more recent writings accept that researchers always approach the research topic

with ideas and that the existing literature can help the researcher to see more categories in the data (Glaser, 1978, Strauss & Corbin, 1990). Henwood and Pidgeon (2003) argue that familiarity with the literature can help the researcher with concept development during analysis, which Charmaz (2006) terms 'theoretical sensitivity'. They advocate 'theoretical agnosticism', avoiding adherence to particular theories or studies which would frame the way data is viewed.

I carried out an initial review of the literature, in order to develop the research proposal and my reflexive awareness of my own position. This chapter covers the areas which I had read before conducting the research, so that the reader can see the development of my thinking. However it was written after the analysis, so that the current body of literature could be read critically in light of the developing theory (Charmaz, 2006, Fassinger, 2005).

Menopause and Counselling Psychology

The research aim arose from my questions about how menopause might be relevant in therapy with women in mid-life. A review revealed that there was not a great deal written on this subject in the current literature. What has been written is focussed on therapeutic work with presenting issues arising directly from menopause, whereas I would argue that considering possible meanings of menopause for the client is relevant in work with all women in midlife, regardless of presenting issue. I will develop this argument through presenting evidence from the literature suggesting that menopause may impact how women think about themselves, their lives and their futures.

Psychoanalytic theory has historically considered menopause as a time of mourning for lost femininity and sexuality (eg Deutsch, 1945), consistent with a biomedical model which positions menopause as a time of decline (Dickson, 1990). Later psychodynamic work has presented menopause more positively as an opportunity to renegotiate conflicts, disappointments and losses from earlier developmental stages (Pines, 1993) and to confront one's own death (Zachary, 2002). This suggests that Counselling Psychologists need to attend to whether menopause may be raising unresolved developmental themes or existential issues for midlife clients.

Other psychotherapeutic models have been developed to address some of the symptoms associated with menopause, for example developing psychotherapeutic alternatives to HRT for women seeking help with problematic hot flushes. A group CBT intervention has been developed, based on findings of an association between problematic hot flushes and negative cognitions related to menopause, suggesting scope for psychological intervention with women troubled by hot flushes (Hunter & Chilcot, 2013, Reynolds, 1997, 1999, 2002). At the end of the course, participants rated hot flushes as less problematic and reported fewer night sweats. This translated into improved emotional and physical function, which persisted 26 weeks post intervention (Ayers et al., 2010, 2012). Participation in a Mindfulness Based Stress Reduction programme has been shown to produce improvements, compared with waiting list control, in ratings of hot flush bother, quality of life, sleep quality, anxiety and perceived stress, but no change in flush frequency. Changes were maintained at 3 months post intervention (Carmody et al, 2011).

These results suggest that there is scope for therapeutic intervention with women who are experiencing problems at menopause.

In all clinical work as a Counselling Psychologist, I seek to gain a holistic picture of the client's life and circumstances, and factors impacting on engagement with therapy and the therapeutic relationship (BPS, 2008). I aim to gain a broad understanding of the client's life and what is important to them, including their health, socioeconomic circumstances, work and interests. Understanding menopause and its significance for the client would be a part of this holistic approach, whether or not it is a presenting issue in therapy. This study seeks to add to the body of knowledge, to equip Counselling Psychologists to bear menopause in mind in their work.

Brayne (2011) considers menopause a profound existential transition leading women to re-evaluate their lives and potentially impacting many areas including work and relationships. Therefore, she argues, it should be attended to in therapy but she suggests, from her experience as a trainer, that menopause is not considered by most counsellors. The possibility that menopause has not been regarded as important by Counselling Psychologists and therapists seems to be supported by Kurpius' (2001) finding that only 16% of therapists reported regularly discussing menopause with clients in mid-life. This oversight may arise from the medicalisation of menopause, presenting it as a health problem to be treated, rather than a developmental process which can be considered psychologically (Biggs, 2010). It may also be that, if menopause is not addressed in training and is not widely discussed in the recent literature, its potential relevance is not apparent.

This study aims to contribute to awareness within the profession that menopause is an issue to consider in client work.

Sugarman (2010) proposes a metaphor of the 'life course' as a framework for use, irrespective of theoretical orientation, in understanding the client, the therapist and their relational encounter. She describes the life course perspective as understanding development to be lifelong, embedded in both culture and individual experience and thus assuming change, individual variability and multiple dimensions. She presents development as involving both loss and gain. Inherent in the metaphor is the idea of the individual woman's life course flowing on although individual monthly flows cease. This perspective would seem useful in thinking about menopause in the practice of Counselling Psychology. It does not impose meanings but requires the Counselling Psychologist to draw on knowledge of possible experiences of the transition and prevalent cultural discourses, in order to collaborate with the client in reflecting on current issues and locating the work within their life narrative. My study aims to produce a socially embedded account of how women may think of themselves during menopause, to inform Counselling Psychologists considering how menopause may be relevant in work with a client.

Summary of Predominant Menopause Narratives

Three main accounts of menopause emerged from my reading: a biomedical model of menopause as a hormone deficiency syndrome to be treated; a feminist model of 'natural' menopause which only causes problems because of attitudes to older women in society; and a third wave feminist critique that menopause experience is

formed through social and biological circumstances combined with discourses about age, gender and sexuality.

The biomedical discourse dominates popular media and the scientific press. In this reductionist, deficit model, menopausal symptoms are biologically determined by a lack of hormones (Foxcroft, 2009), and can be treated by Hormone Replacement Therapy (eg Wilson, 1966). Wilson's 1966 book 'Feminine Forever' explicitly included preserving physical attractiveness, vitality and mental and physical vigour in the benefits of HRT. The grouping of symptoms into a 'menopause syndrome' is consistent with a construction of the male body as the normal healthy adult and women as inherently weakened or vulnerable because of their female biology (Gannon, 1999) and serves to legitimise ageist and sexist narratives of older women (Dickson, 1990, Martin, 1989, Ussher, 1989, 2006).

A 'menopause syndrome' lacking clear definition enables a wide range of issues women may experience when ageing to be linked with menopause and become targets for HRT treatment (Dickson, 1990). Claims of benefit have included skin improvements, improvements of cognition, and reducing risk of Alzheimer's, osteoporosis and cardiovascular disease (British Menopause Society, 2013), thereby widening the pool of those who might potentially be treated to all women.

However, strong evidence only exists for reduction in flushes and vaginal dryness (Greene, 1984). Therefore this discourse of menopause as a hormone deficiency syndrome gives women little choice other than to endure or treat. Menopausal "problems" are positioned within the woman, although some of the physical and emotional symptoms attributed to menopause could equally arise from the

circumstances of the woman's life and the concurrent process of ageing (Hunter et al., 1986, Gannon, 1999).

The idea of changing hormone levels leading to unstable moods is an aspect of the biomedical discourse which has been reflected in popular culture (Young, 2005).

This follows a historical view that women's bodies made them naturally vulnerable to mental health problems (Ussher, 1989). The perceived link between women's reproductive organs and the nervous system led menopause to be seen as a time of risk of 'moral insanity' in Victorian times (Barbre, 1993). Retiring from the world to a quiet life in the family was recommended. Menopause was identified as a cause of psychosis (involuntional melancholia) until removed from DSM-III in 1980.

In the nineteenth century, separation of work and home at the industrial revolution led to women's function being increasingly defined as reproductive and menopause became seen as the start of old age (Barbre, 1993). Female old age was romanticised as a time of health after the depredations of reproduction and negotiating the perceived risks of the menopause transition. Longevity was taken to indicate a good life, forming a role for postmenopausal women of nurturing moral guardian for the family. A narrative such as this, which defines women in terms of reproduction, equates femininity with fertility and therefore positions the postmenopausal woman as asexual and redundant other than supporting younger women in childrearing (Ussher, 1989). This positioning of women as sexual and reproductive objects for men tends to limit the idea of womanhood to the menstrual cycle and enables the construction of menopause as a deficiency disease (McCrea, 1983).

Since the 1970s, a feminist sociocultural model emerged, presenting menopause as a natural transition to be embraced. Feminist theorists at this time tended to assume an essential womanhood, including menopause experience, which was suppressed by patriarchy (Weedon, 1987). Menopausal difficulties were seen as arising from the social and cultural position of women (Neugarten, 1979, Dickson, 1993) which served men as the dominant group. From this perspective, the biomedical model can be criticised for pathologising a normal female life stage and viewed as patriarchal medicine controlling and profiting from women's bodies (MacPherson, 1981, 1985, Greer, 1992).

From this feminist position, it is unsurprising, as the major roles available to women depend on youthful attractiveness and fertility, that women should have negative physical and psychological experiences at menopause (Gannon, 1999). It is argued that women cannot make a free and informed choice about responding to menopause after a lifetime of discourses on femininity emphasising youth, beauty and motherhood (Klein & Dumble, 1994). The feminist sociocultural model has brought into focus other factors such as work, financial pressures, caring roles and relationships, which may affect mental and physical health in a woman's middle years (Malson and Nasser, 2007). In this model, menopause may herald a time where a woman can come into her own untrammelled by the demands of reproduction and so has potential for promoting personal development and self-esteem in women of this age. However for women who are finding menopause troublesome, this empowering view of menopause could appear very far from their experience and engender feelings of failure (Lindh-Astrand et al, 2007).

The biomedical and feminist sociocultural models are polar opposites, leaving women with a choice between understanding menopause as a deficiency syndrome needing treatment or as a natural process to be embraced. Both are arguably essentialist, creating subject positions with limited choices and both fail fully to capture women's experience (Dickson, 1993). The debate has been centred on HRT but could equally apply to any medical or cosmetic technology which a menopausal woman might consider.

From the 1990s 'third wave feminism' critiqued the feminist sociocultural model. Butler (1990, 1999) proposed that the feminist opposition to patriarchal power has unwittingly reinforced biological determinism and binary gender roles. In contrast she presents gender as enacted through the body rather than determined by the body. She argues that gender is performed within a rigid framework of social rules and these repeated acts over time create an appearance of 'natural' gender and render the normative discourses unseen. Thus, there is no such thing as an authentic menopause experience which exists and can be discovered, but for each woman, menopause experience is a unique co-creation of biological materiality and predominant social discourse (Zita, 1993). This is how I would position my own approach to thinking about menopause.

This critique retains the importance of the social and cultural world in forming experience, but removes the binary opposition between "natural womanhood" and "patriarchal technology". Thus making it possible to think about HRT, for example, from the viewpoint of a woman who may want to use it, giving women more choices on how to act (Leng, 1997). This perspective can be empowering to women.

It makes possible a more holistic understanding of the complexity of a woman's individual experience, incorporating biological, sociocultural, and psychological factors with life experience (Lindh-Astrand et al, 2007).

Summary of Quantitative Psychological Research on Menopause

I have read the quantitative studies with a view to understanding the evidence about what bodily changes a woman may experience at menopause. The quantitative literature tends to privilege the biomedical model and focus on identifying menopausal symptoms and the scope for psychological intervention. In a US survey of over 2500 women followed for five years, only hot flushes, night sweats and insomnia were associated with menopause status (McKinlay et al, 1992) and similar results were obtained in a survey of Norwegian women (Holte, 1992). Hot flushes and night sweats are common during perimenopause, and early years post menopause (Mishra & Kuh, 2012), reported by approximately 70% of women (Hunter, 1992). Approximately 25% of women report that they are problematic, mainly impacting quality of life through social embarrassment, physical discomfort and disturbed sleep (Archer et al, 2011).

From a biomedical stance these studies might be interpreted as changing hormone levels producing hot flushes in seven out of ten women. However, some studies, consistent with a feminist sociocultural narrative, have also investigated social factors, particularly concurrent life stressors. They present a more complex picture. For example, a survey of symptoms, menopause status and stressful life events in 400 women found that stress accounted for approximately 40% of observed variation in psychological and somatic symptoms (Greene & Cooke, 1980). Similarly

although many women report reduced sexual desire (Avis et al., 2000), once other health, social and psychological factors were taken into account, menopause did not impact measures of sexual satisfaction (Avis et al., 2009).

The quantitative research on low mood at menopause is particularly relevant to this study. Although some studies observe low mood at menopause, depressed mood in middle-aged women has been more strongly associated with stress and life events than with hormone levels (Bromberger et al., 2010, Llaneza et al., 2012). This suggests that a theoretical understanding of changing hormone levels leading to low mood is inadequate and other understandings are needed which take account of the prevailing culture and women's life circumstances (Ussher, 1989).

So we see evidence in the quantitative research supporting the feminist argument that sociocultural factors impact menopause experience and other studies demonstrate the significance of cultural narratives. An association has been observed between negative attitudes to menopause and symptom reporting (Ayers, Forshaw & Hunter 2010). For example correlation has been reported between psychological factors including stress, anxiety, negative thoughts and beliefs about menopause and self-esteem, and reporting hot flushes as problematic (Reynolds, 1997, Hunter & O'Dea, 2001, Freeman et al., 2005, Hunter & Rendell, 2007). Hunter and Chilcot (2013) found that stress, anxiety and somatic amplification, but not low mood, predicted negative hot flush beliefs, which predicted hot flush problem rating. This was a cross-sectional study and so causality cannot be inferred from this association. But it does suggest that both life stresses and ways of thinking about the body and menopause are important to hot flush experience. Psychological

factors did not correlate with physiologically measured hot flush/night sweat frequency, further suggesting that expectations, formed by cultural views of menopause, may shape experience (Bowles, 1990). Another possible reading of these studies would be that variation in menopause experience arises from psychological individual differences. I would argue however that this overlooks the role of cultural discourses and relies on a construction of natural developmental processes as problem free. The risk is that individual women's experiences are pathologised in a similar manner as has been observed with PMT (Laws, 1990, Ussher, 2004). The current study aims to explore how cultural discourses, as well as material biological and life events, interact in forming the menopause experiences of the women interviewed.

There is further support in cross-cultural studies for the argument that biological explanations are inadequate and both social and cultural factors are important in shaping a woman's menopause experience. For example Asian women living in the UK attribute more symptoms to menopause than Asian women living in Delhi (Hunter et al., 2009). In cultures where older women are held in high respect, women generally report fewer menopausal symptoms (Flint, 1975, Ussher, 1989), which suggests that how women think about themselves and their role in society may be important in their experience of menopause. Women's view of themselves and their identity is socially constructed from interactions with others. For example, in the social context of the workplace, discourses about the competence and value of older women are important to how women experience hot flushes while at work (Reynolds 1997, 1999, 2002).

To summarise, the quantitative work in the field demonstrates that most women experience changes in their bodies at menopause and a significant proportion report that these impact their lives. The studies also give evidence that biological, psychological, social and cultural factors are all important in shaping menopause experience (Hunter & Rendell, 2007).

Summary of Qualitative Psychological Research on Menopause

Qualitative studies could further illuminate how women may think about themselves at menopause, by focussing on the meanings women make of the bodily changes and looking at the social consequences of different possible knowledges about menopause. By taking an ideographic approach, exploring the accounts of small numbers of women in detail, qualitative research could explore how biological, social, cultural and psychological factors combine to form experience.

Qualitative studies have aimed to explore cultural factors by studying the language used to describe menopause (Hunter & O'Dea, 1997, Hvas & Ganik, 2008, Lindh-Astrand et al, 2007, Martin, 1987, Rubinstein & Foster, 2012). We have seen that culture is formative of women's experience, therefore studies carried out in the UK, by Hunter and O'Dea, and Rubinstein and Foster are particularly relevant.

All the studies cited have found ambivalence, with women using discourses which shape both positive and negative meanings to menopause. These studies all confirmed the pervasiveness of the biomedical discourse (Dickson, 1990). Most women in these studies also described menopause as a natural process and drew

on an existential discourse to talk about menopause as a time for review and potential personal growth or regrets (Martin, 1987, Dykes et al., 2011).

All these studies found that menopause was closely linked with ageing in women's talk. Western societies tend to value youthfulness and physical beauty in women (Chrisler, 2008), so menopause may call into question a woman's status. For example menopause was spoken of as a vague threat to stave off by keeping busy and avoiding "letting yourself go" (Hunter & O'Dea, 1997). There was evidence of social processes shaping how women thought about themselves, in that women sought to reject the "forever young" discourse but expressed concern about possible negative impact on work or dating of not looking young and attractive (Hvas & Gannik, 2008). The statistics indicate that women in the UK today are more likely to be single at menopause than at the time of Hunter and O'Dea's study and this may increase women's focus on changes in appearance at menopause.

Rubenstein and Foster's (2012) research area of interest was the impact of menopause on body image. Their qualitative themes were consistent with earlier studies but included a greater concern with loss of attractiveness and losing status through looking older. The interview sample was drawn from respondents to a quantitative survey covering attitudes to menopause, self-objectification, body surveillance and body shame. Therefore it is not clear whether this concern with appearance represents a change over time in how women think of themselves at menopause, or arises from framing the interviews in terms of body image. The current study used broad open questions giving space for participants to choose

what was most important to include and so can explore the importance of appearance for the women interviewed.

Women in these studies spoke of relief at being free from the inconvenience of menstruation and concerns about contraception but some allude to fertility as important to femininity. However Martin (1987) noted that her participants had entered womanhood with few contraceptive choices. Given the changes in availability of contraception and abortion over time and in the average ages of childbearing, different meanings about the end of periods might now emerge. Also, women in 2015 are more likely to still be actively parenting children who live at home (ONS, 2010) and this may also impact on meanings of menopause for them, as it does not coincide with an end to childrearing. The present study will be able to explore these possibilities.

Women said that their thinking about menopause was informed by their mothers (Hvas & Gannik, 2008). Therefore discourses about women's roles prevalent when reaching adulthood may be important in how a woman thinks of herself at menopause. This has potential for mismatch between inherited values and actual lived experience. For example textual analysis of 1980s magazines found women were overwhelmingly represented as childrearsers (Ferguson, 1983) which could construct menopause as heralding the end of fulfilling life roles. This argument can be extended to the services and information available to women, as menopause is portrayed negatively in both popular culture and scientific literature (Rostosky & Travis Brown, 1991). Thus forming a vicious circle in which officially sanctioned

‘truth’ both reinforces and is derived from negative stereotypes of older women.

Stereotypes which shape women’s expectations and attitudes to menopause.

Hunter and O’Dea’s (1997) study is consistent with this argument as women’s talk drew heavily on a biomedical discourse, although participants were interviewed at a GP surgery, which may have made the biomedical discourse salient. Women resisted being diminished by this discourse and preserved a sense of continuous self by describing menopause as a non-event which happened to their body but not to the self. This strategy of disembodiment and subsequent disregard of a significant part of their experience would seem to make it difficult for women to attend to their own experiences of menopause and its significance for them, consistent with the reported theme of avoidance, through HRT or keeping too busy to have time to notice menopause. This can be explored further in the present study which was not linked to health services and therefore did not set the conversation about menopause in the context of the biomedical discourse.

Women’s value and status tend to be limited to their reproductive function, in a way which is not the case for men (Irigaray, 1987/1993), who may more readily be seen to create many things besides children. If women accept being “walled up in the ghetto of a single function” (ibid p18) then at menopause they lose usefulness (Gergen, 1990). Gold (1985) therefore suggested that women who work outside the home may be less likely to experience menopause negatively. There has been an increase over recent decades in the proportion of women working at menopause (ONS, 2011), and this may affect prevalent narratives about older women and also how women experience menopause. I aim to explore this in the present study.

Therefore I have argued that changes in women's family and working lives justify a further qualitative study of women's menopause experience. Furthermore, in order to add to insights from existing studies, the research should not be located in the health services and should collect data in a way which avoids indicating to participants that certain aspects of experience are of greater interest.

Menopause and Identity

It can be seen from the qualitative research that issues emerge which relate to how women think about themselves. The main questions would seem to be 'How do I relate to my body?', 'How am I seen by others?' and 'Am I changing?.'

Our physical body is viewed by others and is the vehicle through which we act in the world. Therefore it seems likely that changes in the body at menopause may impact on valued aspects of identity for some women. Other studies have observed that embodied changes can lead to identity changes (Charmaz, 1995a, Smith, 1999). For example, Charmaz writes about how chronic illness disrupts assumptions about equivalence between the body and self. Some women in Hunter & O'Dea's (1997) study spoke of menopause as happening to their body but their self remaining unchanged. Similarly, Martin (1987) described women speaking about menstruation, birthing and menopause, with a sense of separation from the acts of their gendered bodies. She described two aspects of this alienation which seem particularly relevant at menopause: a concern with the self controlling the body; and an idea of the body sending a message to the self.

Two strands of thinking about women's identity at menopause can be seen in de Beauvoir's (1949) writing. She writes about a loss of hope for the future that women may feel at losing feminine fertility, for which they have been valued by society. On the other hand, she describes women at menopause as escaping the demands of fertility and regaining unity with their bodies. These contradictory constructions of menopause may be reflected in the ambivalence observed in the qualitative studies summarised above.

Gergen, (1990), writing 40 years later, after the availability of technologies giving Western women greater control of their fertility, argues that psychological thinking about women's adult identity development still depends on seeing women as reproducers. She describes how, in the resulting narrative, meaning, status and satisfaction decline sharply from the 40s as both children and periods depart. Equally, signs of ageing become signifiers of loss of fertility and sources of shame to be hidden. Whilst this narrative is visible in the qualitative studies described above, it does not account for the positive statements of participants. Psychological theory which offers limited meaning to women post menopause cannot be adequate to illuminate several decades of active life for half the population. Therefore research focussed on how women think about themselves at menopause is important for developing psychological theorising of women's later lives.

Bodily experience may also be important in the sense of a continuous narrative of self over time. Whilst, from a social constructionist view, self is multiple, complex and constantly renegotiated, with different aspects of identity to the fore in different contexts, the sense of a continuous 'I' may be a necessary fiction. The ever

present body may be important in maintaining this narrative (Allegranti, 2011). The bodily change of menopause could therefore challenge the sense of a continuous integrated self.

Thinking of the body as the location of biographical experience in this way is not to claim that women have direct knowledge of their bodies which is presented in words. Rather I understand bodily experience to be theorised 'from the body up' (Frank, 1991). That is, women read their bodies through interpretive schemes constructed by the mesh of relational experiences and cultural values within which they live. I understand interview data as illustrations of these readings. Therefore I am interested to explore how women interpret the changing body, and how they read their menopausal body in a culture which stresses youth and beauty as well as personal responsibility to control the body and its health (Orbach, 2009).

For this reason, I aim to explore how identity is negotiated during menopause, taking a social constructionist view (Burr, 2003) of identity as a social process. How a woman thinks about herself and her menopause and as a consequence how she may act, is constructed from available discourses about older women in her culture. These are gathered through interactions with family, friends, colleagues, health professionals, from popular culture and the goods and services marketed to her. This is a development of earlier research in broadening the focus from the woman as individual to the woman as part of a social process. It is also timely given the significant social changes affecting women of menopausal age described above. Increased understanding of how women may experience menopause and how this may impact their thinking about themselves is of value to Counselling Psychologists

as they aim to gain a holistic understanding of their clients and the issues they bring to therapy.

The qualitative research reviewed has primarily taken a discourse analytic approach, aiming to map how socially produced discourses are used by women to talk about menopause. It has produced a critical analysis which makes visible how some of the difficulties experienced are socially constructed. However this approach involves analysing the accounts of women in terms of discourses produced by others, heavily influenced by men (Greer, 1992) and risks missing some meanings and bodily experiences of the women themselves. For this reason, this study uses a Grounded Theory method which aims to explain a phenomenon from the perspective of those experiencing it, from within their sociocultural context (Birks & Mills, 2011). The methodological development of the study will be discussed in more detail in the next chapter.

Therefore, in this study, I aim to explore the lived experience of women during menopause and, from their accounts develop a socially situated theory about how menopause impacts the way they think of themselves. Consistent with the methodology, I have made my areas of interest transparent but I am open to the research focus shifting in response to data contributed by participants.

Chapter 3 - Methodology and Methods

Summary

This study followed a qualitative Grounded Theory (Glaser and Strauss, 1967) method taking a constructivist approach (Charmaz, 2006, Birks & Mills, 2011). Data collection was through face to face semi-structured individual interviews with women about their menopause. The overall aim was to develop a theory which captured their diverse experiences and led to practical benefits in provision of Counselling Psychology, through greater understanding of factors affecting women's thinking about themselves during menopause.

Methodological Relevance to Counselling Psychology

As a counselling psychologist researcher, I have sought to locate the study within the actuarial evidence available, whilst also reflexively acknowledging my role as researcher. Thus I aim to be consistent with the profession's combined scientist-practitioner and reflective-practitioner paradigm (Wolfe and Strawbridge, 2010). Counselling Psychology is pluralistic (McAteer, 2010) drawing on different psychological models in order to approach each client with flexibility, and seeking to hold and acknowledge the conflicts and ambiguities between these grounds of knowledge (Kasket, 2012). Consistent with my academic home in Counselling Psychology, this study avoids allying with any single discourse about menopause, acknowledging that each may contribute in some way to understanding a woman's experience.

Counselling Psychology as a discipline aims to be relational, viewing individuals holistically within a social context and privileging individual subjective and inter-subjective experience (Cooper, 2009). The study seeks to be consistent with these values in its ideographic, phenomenological approach. I sought to treat participants as co-contributors to the research throughout and understood the interviews as a relational encounter. Data collection was holistic, for example asking about women's working lives and relationships at the time of their menopause, in order to explore how this may affect the meaning of menopause for them.

Methodological Reflexivity

As a researcher, my view of the world is social constructionist (Burr, 2003, Alvesson & Skolberg, 2009). Within social constructionism there is a range of ontological positions on the relationship between discourse and 'reality'. In this study I take a contextual constructivist position on menopause. That is accepting that the phenomenon menopause exists but that how it is thought about and experienced is formed socially and culturally.

I understand human experience to be mediated by history, culture and language. It follows that there are different ways of talking about the same phenomenon, none of which can make exclusive truth claims. I take a contextual constructivist approach (Madill et al, 2000) to thinking about menopause. Whilst there are biological, bodily changes occurring, I do not understand these to inevitably produce a particular menopause experience. Rather, I understand a woman's experience of menopause to be mediated through her meaning making within her cultural and socioeconomic context. For example, a woman may have a hot flush at

night disturbing her sleep. What this means to her and how she experiences it will be affected both by socioeconomic factors, such as caring and work responsibilities, and by socially constructed discourses relating to women.

Therefore, I would understand participant' accounts as describing socially and culturally mediated experience rather than as a description of objective reality. However I accept interview accounts as describing experience which reflects subjective reality for the speaker. My research is therefore phenomenological, seeking to understand how participants negotiate the role 'menopausal woman' in the social culture in which they are embedded. It is also interpretive, seeking evidence in the data of available narratives of menopause and their implications for women's thinking about themselves. A consequence of this constructivist stance is that I understand knowledge to be specific to the historical and cultural context in which it was produced and the researcher to be inevitably involved in every stage of the research rather than a separate, objective observer.

Why Qualitative Research

As described in the literature review, my critique of the body of available quantitative research was that it has been unable to explore the complex interaction of culture and circumstance forming women's menopause experience. This study is seeking to understand how being menopausal may impact women's identity and how this may be affected by their social situation. Therefore I selected a qualitative methodology which can aim at 'verstehen' (Dilthey, 1894/1977) to understand and describe people's experience and actions in a particular situation (Elliott et al, 1999). A qualitative approach is appropriate to a new research

question, to generate hypotheses and explore meanings in depth (Henwood & Pidgeon, 1995).

Why Grounded Theory

Earlier qualitative studies have shown, using discourse analysis, that menopausal women are influenced by discourses about aging, gender and sexuality. There would be grounds for repeating this research to explore how social changes in the lives of older women may have impacted on discourses about menopause.

However, as stated in the review of the literature, I identified a gap in the research, requiring a phenomenological method, to explore the 'double consciousness' (Condor, 1986) of a split between women's own experience and the image of women constructed by these discourses (Ussher, 1989). It seemed important that the research should be grounded in the words of women themselves, given the long history of women's experience being interpreted by external models developed by men (Greer, 1992, Nicholson, 1986).

Having settled on a phenomenological approach, it appeared that either Interpretive Phenomenological Analysis (Smith, Flowers & Larkin, 2009) or Grounded Theory ((Glaser & Strauss, 1967, Strauss & Corbin, 1990) would be suitable. There are similarities between the two methods in practice and so to some extent a part of the question was selecting a method which suited me as a researcher (Smith, 1995). I selected Grounded Theory because of its aim to move from a description of experience to developing theory about the social process by which experience is formed (Corbin & Strauss, 2008). IPA, on the other hand, aims to explore experience from the participant's perspective (Willig, 2008). In order to make this choice, I read studies conducted within each methodology of embodied changes eg motherhood (Smith, 1999) and chronic illness (Charmaz, 1995a). My

response to these studies was that for example Smith's work tended to locate identity changes within the woman at pregnancy. Whereas, Charmaz made the importance of social interaction more visible, consistent with my aim to explore menopause as a socially and culturally mediated experience.

Grounded Theory also seemed suitable to my position as a novice researcher because it appeared to offer a detailed account of how to do a qualitative study. Finally, Grounded Theory is a suitable method for studies where participants experience a phenomenon under different conditions (Starks & Trinidad, 2007) and so fitted my interest in the impact of several social changes on menopausal women.

Development of Grounded Theory

Grounded Theory has its theoretical roots in interpretative phenomenology (Heidegger, 1927, 1962) concerned with understanding the lived world of a particular population (Langdridge, 2007). The researcher aims to set aside prior knowledge and form a theory through close engagement with and interpretations of the data, in this case interviews with women experiencing menopause. It was first described by Glaser and Strauss in 1967. Their aim was to develop a method within social sciences whereby novel theory could be derived from data, rather than existing theories determining what could be seen in data (McLeod, 2001, Birks & Mills, 2011). Their emphasis was on the theory 'emerging' from close engagement with the data and they did not pay much attention to the role of the researcher. Therefore it has been argued that Grounded Theory as originally described is located within a post-positivist epistemology (Annells, 1996) – that is

an understanding of phenomena as consistent and real and available to be discovered by a detached objective observer.

Subsequently Glaser and Strauss worked separately and the Grounded Theory method developed in different directions. Strauss and Corbin published in 1990 a more detailed set of procedures which included coding paradigms to be applied to the data. Glaser (1992) criticised their approach as over-prescriptive, forcing concepts on the data rather than facilitating theory to *emerge* from the data. Although Glaser has continued to argue that careful application of the constant comparative method can remove researcher bias (2007), subsequent developments in Grounded Theory have increasingly focussed on researcher subjectivity. Charmaz (2006) was the first to describe a constructivist version of Grounded Theory, which stays close to Glaser's flexibility of method but understands both the data and theory to be co-constructions of researcher and participants.

Why Constructivist version

This study followed the constructivist approach (Birks & Mills, 2011, Charmaz, 2006, Mills et al, 2006) so that the focus is on the consequences in social interaction of the developing theory (Madill et al, 2000). This fits with my social constructionist research stance, my interest in social processes involved in the impact of menopause on women's identity and my relational stance as a Counselling Psychologist.

This version of Grounded Theory, first described by Charmaz, is interpretive, looking at how and why participants construct meanings and actions. Its philosophical roots

are in Symbolic Interactionism (Mead 1934, Blumer 1969, Plummer, 2000) which states that people react to objects according to the meanings they have for them - these meanings being derived from social relationships through a process of interpretation. Thus a contextual constructivist grounded theory study can aim to explore how culture, social context, and physical experience combine in participant's menopause experience. It can then comment on the social consequences of the theory which emerges.

This version of Grounded Theory is consistent with my contextual constructivist stance, that all knowledge is local to time and place, and situation dependent. The theory is understood to be produced by the researcher in response to the data, rather than discovered by the researcher in the data (Charmaz, 2006). Therefore it is realist in that it is grounded in the accounts of participants and relativist in that the interaction between the researcher and the participant and the data produce the theory – a different researcher may have produced a different theory (Rennie, 2000, 2012, Madill et al 2000). Both the participants and the researcher are actors and interpreters and so there is a double hermeneutic in that both the data and the theory are understood as interpretations (Rennie, 2000). From this constructivist stance, the research cannot aim to discover a truth about menopause which is applicable to all women. Its claim to validity is to produce a grounded theory which is demonstrably drawn from the words of this particular sample of participants, interacting with this particular researcher; one 'plausible account' of menopause and identity.

Thus the data is understood as `jointly constructed by the researcher with the participants and the analysis as a product of the data and the researcher's subjectivity through the method of analysis. Therefore the idea of researcher objectivity becomes meaningless and is replaced by theoretical sensitivity (Charmaz, 2006 drawing on Glaser, 1978) - the capacity to see meanings in the data (Madill et al, 2000). My subjectivity as a post-menopausal woman is not seen as an obstacle but a research tool which can help to form a bond with the participants to generate rich data and also aid interaction with the data in analysis (Charmaz, 2006).

Method

Participant Criteria

The study aimed to explore the experiences of women who self-identified as experiencing the menopause within the previous two years. This key criterion, that participants **consider themselves** to be experiencing menopause, is appropriate to the research focus on women's thinking about themselves at menopause.

Therefore symptom based criteria were not used in participant selection. In this way I also sought to avoid situating the interview in the biomedical model. Women more than 2 years post menopause were excluded, to obtain data from women currently negotiating identity through menopause, rather than a reconstruction about a transition which had been achieved in the past.

I have argued that an exploratory study of women's identity at menopause is timely because of changes for women at mid-life relating to marriage, childbearing and

working and because of significant reductions in the use of HRT to treat menopause. Therefore, purposeful sampling (Patton 1990) was used with the aim of selecting women who would give a sufficient variety in work patterns, age of children and relationship status. From preparatory reading, I was aware that discourses about menopause could generate very different attitudes to HRT. Therefore I also aimed to recruit a sample including differences in use of HRT.

Sample size

A characteristic of Grounded Theory is that analysis and data collection are carried out concurrently. This means that initial interviews are analysed and subsequent participants are selected to enable questioning which elaborates, challenges and fills in gaps in theory. Glaser and Strauss (1967) introduced the concept of theoretical saturation, which is that the sample size is sufficient once new data is no longer changing the theory. Therefore the sample size necessary cannot be predetermined at the start of a study (Blaikie, 2009).

A qualitative study requires interviews of sufficient depth to generate rich data for analysis (Morrow, 2005) and a sample of sufficient size to provide enough data for analysis (Yardley, 2000) but not too large for depth of engagement with the data. McLeod (2001) recommends between eight and twenty participants for a Grounded Theory study. Reviewing Grounded Theory studies published in Counselling Psychology journals, sample sizes generally ranged between five and fifteen.

In this study, five women were interviewed for the initial round of analysis, followed by seven more as the theory was developed. After twelve interviews, no

new theoretical ideas were being generated and no major questions remained in the categories. The judgement of theoretical saturation is subjective as it is impossible to be certain that another interview could not alter the theory. Therefore this theory, as in all Grounded Theory studies, is provisional and the term theoretical sufficiency (Dey, 1999) is preferred.

Recruitment Procedure

Participants were recruited by placing posters (Appendix 1) in sports centres, community centres, libraries and women's centres in Woking, Sutton and Camden, circulation of the poster to email groups and helplines aimed at lesbian women and by snowball sampling, using email and facebook, in which women were asked to share the poster and identify other potential interviewees (Atkinson and Flint, 2001). Seven women were identified through snowball sampling. Three were recruited through women's centres. I approached one woman directly after reading an interview with her in the media. One participant was a friend who asked to be interviewed, after we had spoken about the study, because she wanted her experience to be represented. One participant was not yet menopausal but agreed to speak about how menopause arose in her work running a support group for Asian women.

Women expressing an interest in the study were sent a participant information sheet (see Appendix 2) and received a screening call to confirm fit with the inclusion criteria and sampling strategy. Women who did not fit the sampling strategy were offered a summary of findings at the end of the study and invited to help with recruiting other women for the study.

Description of participants

Table 3.1 presents demographic information about the participants. There was significant variation in work and child rearing. Four women worked full-time, six part-time (one of whom was full-time at the start of her menopause), one woman was retired (although worked at the start of her menopause), one woman was seeking work. Five women had adult children, eight women had school age children, two women did not have children with their current partner, one woman had adopted children, and one woman had not raised children.

All were in good health although three reported conditions requiring treatment. None had significant caring responsibilities. There was some variation in ethnicity. Eight of the women described themselves as white British/English. Two had not been raised in the UK. I would argue that this variety would bring different perspectives to the sample. To be able to identify differences related to ethnicity, it would be necessary to sample different groups to reach theoretical saturation in each (Morse, 2007).

However, there was less diversity in relationships and sexuality than I had hoped. All of the participants described themselves as heterosexual and all but one were living with a long term partner. Six of the women were graduates, which would be above average for this age group.

Table 3.2 details menopausal signs and treatments used by participants. Three of the women had not had a period for more than one year and so could expect that their periods had ended. All of these were still experiencing hot flushes. The others

were in the process of transition, with four women having flushes but still regular bleeds. There was a variety of treatment responses represented in the sample.

Table 3.1 - Summary of Participant Demographics

	Age	Ethnicity (where Lived as Child)	Religion	Sexual Orientation	Health Issues	Age Leaving Formal Education	Work	Relationship	Children	Carer
A	55	WB (England)	CofE	Heterosexual	raised cholesterol	19	f/t CEO small company Office based	M (2 nd)	Son 26 Daughter 23 with previous partner Left home	No (<i>mother</i>)
B	54	WB (Britain)	none	Heterosexual	no	49	f/t director of communications large NGO	M	Daughter 16 Son 14 Live with her	no
C	56	WB (England)	none	Heterosexual	Posterior Uveitis Underactive Thyroid Cataract	22	Retired (formerly p/t retail)	M (husband 2 nd)	No Stepchildren, never lived with her	Mother-in- law
D	50	WB (England)	Resting CofE	Heterosexual	no	18	p/t (4days) Trader Investment bank	M	son 14 daughter 13 Live with her	uncle
E	52	WB (UK)	CofE	Heterosexual	Asthma Anxiety	23 & 51	Looking for work (counsellor) Homemaker	M	Daughter 21 Son 19 Son 14 (two home one at uni)	no

F	53	W (S Africa)	none	Heterosexual	no	46	p/t Nutrition Therapy Practitioner (self- employed)	M	Son 15 Lives with her	no
G	50	WB (UK)	Christian	Heterosexual	Nothing major	21	p/t analytical consultant (self- employed)	M	Son 15 Daughter 14 Live with her	no
H	51	WB (UK)	Christian	Heterosexual	no	20	f/t own business, works from home	M	3 daughters, ages 18, 21, 24 Youngest university, eldest returned home temporarily	Mother dementia in care home visits weekly
J	56	WB (Britain)	CofE non practicing	Heterosexual	hypothyroidism	17	p/t travel and tourism	M	Son 27, daughter 22 at home temporarily pending move overseas	No
K	46	Pakistani (Pakistan)	Islam	Heterosexual	no	19	p/t home school link worker and chair for a women's charity	M	Son 24 Daughter 21 Son 17 Daughter 8 Daughter university, youngest live at home	No

L*	36	Asian (UK)	Muslim	Heterosexual	no	21	p/t coordinator women's support	M	12, 8, 5	No
M	47	Mixed Race (England)	Catholic	Heterosexual	no	18	f/t PA works from home	Partner, live separately	Daughter 11 (adopted) Lives with her	no

* not menopausal, interviewed about her work providing support to SE Asian women

Table 3.2 Information on Participants' Menopause

Participant	Age	Menopausal timeline given	Treatments described
Alison	55	Irregular periods 2.5 years since last period flushes for 7 years now less frequent	Menuleve HRT cake (seeds & flax) Black Cohosh
Beth	54	Irregular periods last period 6 months ago flushes for 2 years	none
Cathy	56	periods irregular 5 years last period 18 months ago still getting flushes	Menopace Black Cohosh Red Clover Soya Isoflavins
Diana	50	Flushes for 2 years	Black cohosh (briefly)
Evie	52	Periods irregular since 2 years ago* Night sweats	Evening primrose HRT (few months) 'anxiety medication'
Faye	53	Last period 2 years ago still getting flushes	'Bioidentical Progesterone cream'
Gina	50	still having regular periods 2-3 years night sweats	HRT (6 weeks)
Holly	51	Irregular periods 2 years Hot flushes	none
Julie	56	Hot flushes began 3-4 years ago	'some alternative treatments' 'soya produce' HRT (about 2 years with short break)
Karys	46	Periods changing for past year	Well Woman (bought but not taken)
Lisa	36	Not menopausal	
Maya	47	3 years ago irregular periods* and flushes	Anti-depressant HRT (1 year, break, 3 months)

*now regular bleeds with HRT

Development of semi-structured interviews and questionnaires

I initially considered conducting focus groups as a way of listening to women's conversation about menopause but, given the ambivalence identified in previous studies (Hvas & Ganik, 2008, Hunter and O'Dea, 1997, Lee & Stasser-Coen, 1996, Martin, 1987), I thought differences in individual experience might be obscured by dominant voices. Also, the questions cover sensitive areas which participants may not be comfortable to discuss in a group of strangers.

Therefore, individual, face to face, semi-structured interviews were used to collect data. The aim was to conduct these as "guided conversations" (Lofland & Lofland, 1995) in order to create a conversational, confidential setting in which participants could speak openly (Willig, 2008). A semi structured approach was chosen to guide the conversation to previously identified areas of interest whilst also allowing space, through broad open questions, for women to raise fresh issues.

An interview guide was constructed (Appendix 4). All participants were asked the same two opening questions. The first question "What made you decide to participate in this study?" was selected in order to position the participant as active within the research and invite her to raise any issue she wants to address. The second question "Would you like to tell me about your menopause?" was selected to invite her to tell her story, giving her scope to decide what is important.

Subsequent questions were present only as an aide memoir of areas to explore, if appropriate to the woman's circumstances and not already covered. The interview guide was modified during the study so that questions were asked to fill gaps in or test aspects of emerging theory.

Demographic data was collected at the start of the interview, using a questionnaire (Appendix 5) covering age, ethnicity, religion, country where raised, age leaving education, employment, relationship status, sexuality, children and caring responsibilities. Participants were invited to describe their ethnicity and religion, to capture how they think about themselves, rather than impose groupings.

All of the participant-facing materials and interview questions were pre-piloted with a woman, of average menopausal age, who had no experience of qualitative research. She was asked to read the materials and describe their meaning. This was to check clarity and explore how the questions might be understood by participants. As a result, small changes were made to the wording about confidentiality and questions about sexuality reworded. She commented that the emphasis in the participant materials on confidentiality and right to withdraw might create the impression that I was expecting very negative accounts. So an additional closing question was added to the interview schedule "Did you think I was expecting a particular answer to my questions? ". None of the participants responded that they had felt led by the questioning although some expressed concern that they were not very interesting because they had not found menopause very difficult.

Interview Procedure

Participants were interviewed in their homes at a mutually agreed time. One participant requested an interview in my home. The interview process lasted 60-90 minutes.

The meeting began on general topics to establish rapport and a conversational tone. After thanking the participant, I checked she understood the participant information and consent form (Appendices 2 and 3), paying particular attention to anonymity, confidentiality and withdrawal. Participants were asked to sign consent.

I completed the demographic questionnaire with the participant. From this point, the interview was recorded using a digital voice recorder. After the opening questions, the interview was guided by the interview schedule but selection of questions depended on the material brought by the women. All interviews closed by asking what the participant would say to a younger woman approaching menopause, checking whether she had felt that any question was presupposing an answer and inviting her to add any further comments.

At the end of the interview, the recorder was switched off and participants were given a debriefing sheet (see Appendix 6) and invited to raise any questions or concerns. The participant was asked to confirm that all their data could be included in the study. Some asked for comments about another woman's menopause to be excluded. One participant asked for a sentence about her marriage to be deleted. This data was not transcribed. Participants were asked if they would be willing to be contacted at a future date, should further questions arise out of other interviews. Participants were also invited to contact me if they thought of more they wished to have said. Two women asked for the recorder to be switched on again at this point – in both cases to reflect further on the emotional impact of menopause.

The digitally recorded interviews were transcribed by the researcher. Participants were given a pseudonym and all other potentially identifying information was

blanked in the transcript. All participants were offered a transcript of their interview.

Reflections on the Data Collection Process

The study findings of an etiquette keeping menopause hidden and women describing difficulties obtaining information and support were reflected in the recruitment. There was nowhere obvious to go to reach menopausal women. Displaying posters did not generate any expressions of interest in the research. The predominance of women recruited through snowball sampling may have reduced the demographic spread of participants, although as described above, there was variety in the sample. A “hidden sisterhood” emerged in analysis, that menopausal women may speak more freely to one another than to others. I began to describe myself as a menopausal woman in communications about the study. Only then was I able to recruit participants who had no connection at all to me. Therefore it seemed to be important that I was within the peer group and this will have affected how women spoke in interviews.

The women recruited through women’s centres may think about gender linked issues such as menopause differently. They were all involved as trustees or staff members and may feel they should speak as representatives as much as individuals. However analysis of the interviews suggests that they kept the dual roles separate, initially speaking about their own menopause and then reflecting on the women in their service.

Collecting data through semi-structured interviews impacts the data obtained. For example, the research question invited women to talk about that time period in their lives in terms of menopause. The interviews began with form-filling and testing the recorder, setting a semi-formal research atmosphere which may have affected the language and content of participant accounts (Willig, 2008). All participants knew the research was part of my training as a counselling psychologist which may have led women to focus on problematic aspects of their menopause. Some women expressed concern that they were not sufficiently interesting, presuming that I wanted to hear about depression and relationship break ups.

I described the interview to participants as a conversation, consistent with my social constructionist approach of seeing the interview as a social encounter rather than an attempt at objective data collection. Goffman (1959) describes the performance of self as having front stage and back stage positions and interviewees may switch to back stage positions as they relax. As the interview progressed, we both became more informal and relaxed. This conversational style and relating to me as a menopausal woman, may have led participants to speak more openly about a topic which this study has found is normally kept private.

Analytical Approach

I aimed to become immersed in the data (Morrow, 2005) through the interview and transcription process and after by rereading interviews and listening to recordings. This means that understanding of the whole text influenced understanding of each part and also understanding of each part contributed to understanding of the whole in a 'hermeneutic circle' (Rennie, 2000). My first step was to read through the

transcript and note down themes, connections and my own responses. A transcript extract is at Appendix 7.

Analysis began with line by line open coding (Corbin and Strauss, 2008, Charmaz, 2006), considering each line individually, looking for all the possible meanings and actions. Each action or meaning was assigned a code, recording the code and supporting extract together. Code labels were as close as possible to the language of participants, ideally using gerunds to keep the action alive (Charmaz, 2006, Birks & Mills, 2011). One line of data could be linked with more than one code. Although the data was analysed systematically line by line, a meaning unit could comprise more than one line of text (Fassinger, 2005). As codes were being assigned, each line of text was compared and contrasted with the data that had already been coded so that the same code might be linked to different extracts which were interpreted as containing the same action or meaning. Similarly, coding of interviews was revisited with fresh coding ideas generated by later interviews. An example of open coding is at Appendix 8. Line by line coding was laborious but ideas emerged which I hadn't seen when I read through the interview for themes.

The next phase of analysis involved looking at the data at a more abstract level. Through a process of comparison, moving between all interviews, looking for similarities and differences, open codes were grouped into focussed codes, which were then grouped into sub-categories and categories. One overall category was produced which linked to each of the categories. Therefore the codes were more descriptive and the categories more interpretative (Willig, 2008). The process of thinking about and forming categories was recorded through memo writing (Corbin

and Strauss, 2008, Charmaz, 2006) of ideas, questions and schemes representing patterns, themes and connections prompted by the data. So the theory produced is a conceptualisation, going beyond describing the data itself (Charmaz, 1995).

However, because the categories were produced from the codes, they derive from the data and are not meanings imposed on the data, taken from, for example, a literature review. Development of the final theory is visible in the written trail of memos and codes.

The whole process of analysis was of constant comparison between individuals, between different parts of women's accounts and between categories (Charmaz, 2000). This was a developing process throughout the data collection and analysis, with categories shifting as new data was collected (Fassinger, 2005). Because this is a contextualist constructivist study with a varied sample, the goal was to retain different viewpoints, rather than to aim at consensus.

Memo Writing

Throughout the process of data collection and analysis, I sought to capture my thoughts through memo writing (Charmaz, 2006). This took a number of forms, from reflecting in a research journal, including my thoughts on interviews, annotating transcripts with my responses to and thoughts about the data and diagramming ideas about how codes and categories might relate.

Ethical Issues

This study has been approved under the procedures of the University of Roehampton's Research Ethics Committee (reference PSYC12/064).

Participating in interviews does not expose women to greater risk than the activities of normal life and taking the time to reflect on menopause may be beneficial. However the conversation may bring to mind issues which are sensitive or upsetting. These risks were managed by obtaining informed consent, reminding women they could stop or withdraw from the study at any time, and providing opportunity to reflect in the debriefing as well as information on sources of support.

Developing good rapport with participants is important to enable deep understanding of their meanings to be shared (Morrow, 2005) but for counselling psychologists there is a challenge to prevent the boundary between research and therapy becoming confused (Haverkamp, 2005). There is therefore a risk that interviewees may feel vulnerable, that they revealed more than they intended. Therefore participants were asked at the end of the interview if they were content for their data to be used.

Validity

Validity in the context of a qualitative study concerns whether the analysis adequately describes and explains the phenomenon it set out to research (Willig, 2008), in this case how women think about themselves during menopause.

Characteristics of quality have been proposed, which could be applied across qualitative methodologies (Elliott et al, 1999, Yardley, 2000,) and Morrow (2005), drawing on Patton (2002) has proposed criteria for constructivist counselling psychology research. Broadly these concern clearly locating the research and data in context, rigour and transparency in analysis, demonstrating the role of

researcher in how the conclusions presented derive from the data, coherence of argument and impact (see table 3.3).

Table 3.3 Summary of Proposed Quality Standards for Qualitative Research

Yardley, 2000	Elliott et al 1999	Morrow 2005/ Patton 2002
Sensitivity to context	Situating the sample	Social validity
Commitment and rigour	Grounding in examples Providing credibility checks Accomplishing general vs specific research tasks	Adequacy of data Dependability (systematic) Triangulation (multiple perspectives captured) <i>Verstehen</i> (deep understanding) Particularity (doing justice to unique cases) Co-construction of meaning between participants and researchers
Transparency and coherence	Owning one's perspective Coherence	Embracing subjectivity Researcher reflexivity Praxis – integrating theory and practice Dialogue between perspectives
Impact and importance	Resonating with readers	Consequential validity (extent to which change is enabled)

Qualitative studies explore meaning-making and experience and so are saturated in subjectivity. Studies conducted from a constructivist position understand both researcher and participant subjectivity to be an integral component of the research.

The challenge then becomes making the researcher subjectivity visible so that the reader can evaluate their role in the analysis and so that multiple perspectives can be captured. The researcher and participant perspectives can never be completely separated (Denzin, 2000), particularly in a study such as this where the researcher has personal experience of the phenomenon studied.

Subjectivity has been handled in this study through reflexivity. I noted my own reactions to the data and emerging theoretical ideas through reflective notes during the process of data gathering and analysis. Owning my perspective (Elliott et al 1999) in this way reduced the risk of inadvertent imposition of meaning on the data. Writing reflexively kept me aware of my own values, beliefs and understandings of menopause so that I could attempt to bracket them (Husserl, 1931, Rogers in Kirschenbaum & Henderson, 1996) in order to hear participant meanings.

The study method addresses validity at both data collection and analysis. The open questions invite the participant to contribute what she understands as important. This means that the research is not constrained by categories and questions identified by the researcher or drawn from the existing literature. During interviews I repeatedly summarised and reflected my understanding of what was being said, to give participants the opportunity to correct my understanding. I attempted to adopt a questioning “naïve enquirer” approach (Morrow, 2005) to avoid assuming knowledge based on my experience of menopause. A broad sample of women was recruited as appropriate to the research aim of a general understanding and

demographic data collected so that the sample could be situated in a sociocultural context (Elliott et al, 1999).

I considered sharing the theory with participants for verification. I decided against this for a number of reasons. One was my epistemological position that the research was a co-creation and the theory was what I saw in the data as a whole. As the theory sought to explain how menopause impacted participant's identity, I would not expect participants to recognise in it their own unique experience. The theory was grounded in all twelve interviews whereas each participant was only aware of their own. Therefore I was unclear how to use participant feedback.

Participant verification is not widely written about in literature on constructivist Grounded Theory although Albas and Albas (1988) write about using participants responses to identify categories which need further elaboration and collect more data. The other was insufficient time – without the constraints of deadlines for submission I would like to have explored this further. Participant time was also a factor – all declined the offer to read, check and add to their transcript.

During the pilot phase, I was interviewed by a peer using the interview guide. At the end of the analysis this interview was compared to the categories in the theory developing from the data. This was done as an aide to considering the relationship between my understanding at the start of the study and the theory constructed.

During data analysis, memo writing was used to create an audit trail of how theory was derived from the data. Regular discussion of analysis in supervision was used to challenge theory development and provide a credibility check (Elliott et al 1999).

Considering the findings in comparison with other studies and reflecting on

similarities and differences gave another layer of credibility check (Charmaz, 2006) and this is described in chapter 6 of this study.

The following chapter presents the findings of the analysis of participant interviews.

Chapter 4 - Analysis

My analysis of the 12 interviews produced a grounded theory, which describes the processes involved in how menopause impacted participants' thinking about themselves and their lives (see figures 4.1 and 4.2). The process of theory building was described in chapter 3 and involved breaking the data down into individual coded meaning units which, through a process of constant comparison, were grouped into categories. In selecting codes to use as category labels, I was aiming to use codes which grouped data with explanatory power to address the question 'what is happening here in women's thinking about themselves' rather than simply producing a descriptive summary of the data. For clarity, extracts from interviews and in vivo code labels are italicised.

The theory comprises one overall category 'Continuing My Story While Everything Changes' influenced by four categories '*It Feels Like My Body's Been Taken Over by Aliens*', '*Going from one phase of life to another*' 'Keeping it Hidden', and 'Managing My Menopause Myself'. Each of the categories will be described in turn, followed by the overall category.

In broad summary, at menopause women were working to continue their individual life story through a period of change. This could potentially be an opportunity for review. This began with recognising changes in the body, which could be challenging in themselves and were experienced as the body becoming unpredictable. Women interpreted these changes through a socially constructed meaning of menopause as a transition to an older age group. Linked with this meaning, women were concerned with narratives of menopausal women

questioning their relevance, attractiveness, vigour and emotional stability. Some were also aware of the possibilities of a 'wise woman' narrative. Women sought to respond by increasing control and understanding of their bodies but their success was limited, partly due to social circumstance, but also lack of knowledge. A social etiquette of keeping menopause hidden allows negative narratives to thrive and undermines women's knowledge and strategies for managing. Women tended to conform to this etiquette to avoid the negative narratives. This theory suggests an account of emotion at menopause as a response to the strain for women of continuing to meet the demands of their lives, while their bodies are changing, in a social context which challenges their value, and of doing so unseen.

Figure 4.1 Overview of Grounded Theory

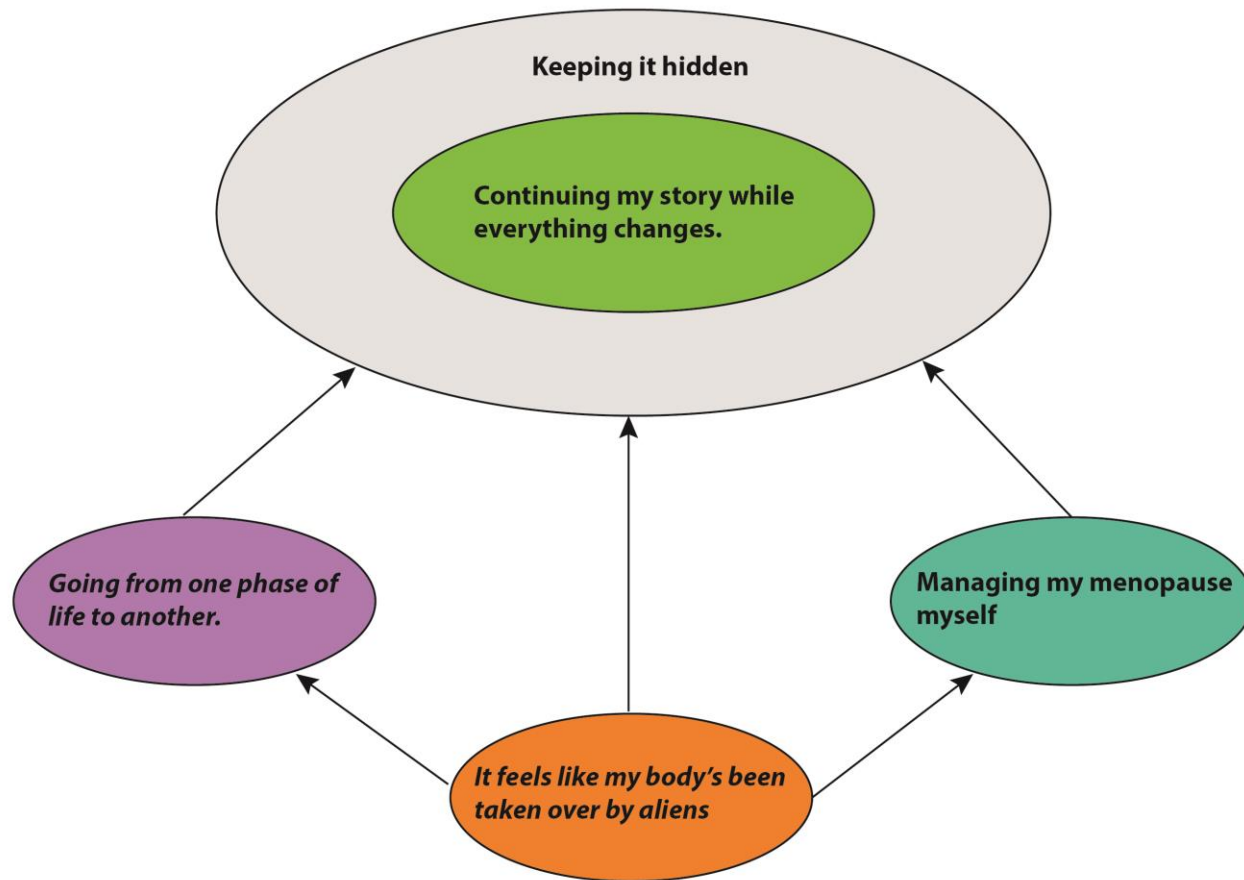
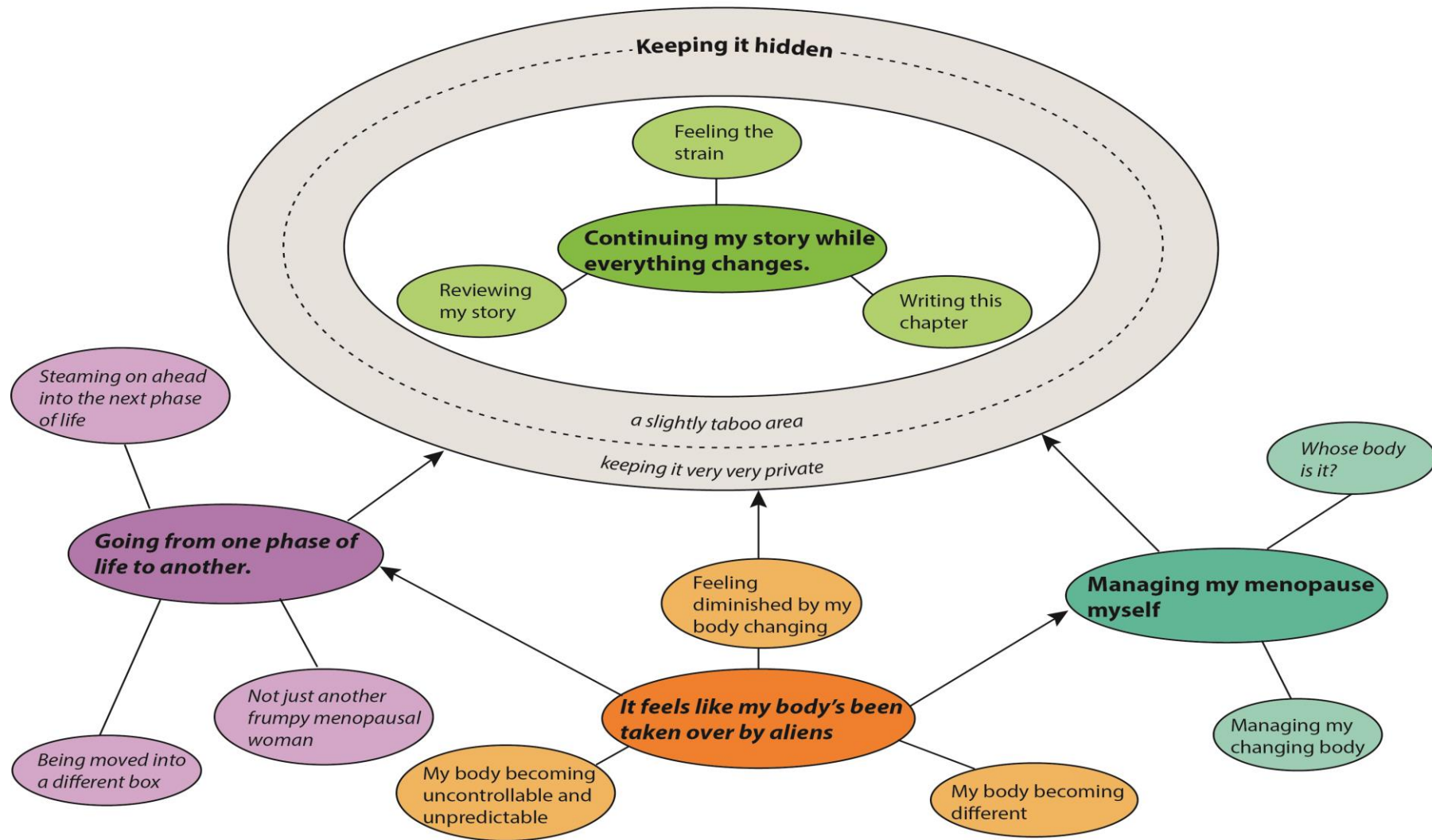


Figure 4.2 Detailed View of Grounded Theory



Category 1 - It feels like my body's been taken over by aliens

Summary

Participants described experiencing their bodies differently and interpreting this as heralding the permanent change of menopause. They expressed uncertainty about locating themselves in this transition and spoke of their bodies as becoming less predictable and out of control. Participants described some reduced confidence in their bodies, arising from this uncertainty and from the changes themselves.

My body becoming different

When invited to talk about their menopause, each participant began with an account of noticing signs of their body becoming different. The change which all participants associated with menopause was periods: becoming heavier or lighter, irregular and eventually stopping, and for most this change did not follow a predictable pattern. Only two women expressed certainty that their periods had ended.

Interviewees expressed ambivalence about the end of menstruation. Some listed advantages such as less expense and inconvenience or relief from premenstrual tension or pain, but presented these as not very important. I noticed a pattern, repeated throughout the interviews, that bodily changes which could easily be

managed so women could “*just get on with it*” tended not to be treated as significant. This seemed to express an ideal of women’s relationship to their bodies as managing or subduing their female biology.

Some expressed a sense of loss. For example Cathy seems to miss her periods as markers of time passing and signifiers of a healthy body, both perhaps implying a sense of life continuing unchanged.

“there’s something rather reassuring about them actually compared to this. I think they are much more stabilising, er rhythmic, there’s a nice pattern to it. There’s no pattern to this really……. And also all of the other things which go with it which you start reading about you know like loss of bone and all the problems that can be er attendant to having the menopause. When you’re having your periods none of that’s happening usually (251).”

Evie echoes this sense of being lost in transition and appears to see periods as a marker of femininity and buying tampons as a badge of belonging as a woman.

“I was always conscious of kind of waiting for a period and then I felt a bit at sea really, a bit lost at sea because I never knew when they would happen. That was probably one of the things. Sort of uncertainty and sort of thinking well is that it or not is that the end or will I have another one. Kind of thought oh I won’t need to buy any more tampons anymore and things like that”(56).

For Karys periods, as a sign of fertility, marked her value as a woman.

"I think periods was our strengthit's maybe because we are childbearing and it's a strength of a woman of course"(158).

She could receive special care, exempt from aspects of her religious practice as a Muslim woman, and taking breaks from household tasks. She anticipated missing this once they stopped.

" And I've noticed that er kind of I look forward to having my period so that it gives me a break I'm usually used to break, how will I deal with that, how will I manage that?"

Therefore, the cessation of periods meant that the participants' experience of their bodies and the pattern of their lives would be different. For some women this echoed and amplified other changes. For example, Evie thought about the cessation of periods as a physical representation of the changes in her life as her children grow up.

"they're leaving home so there's and that leaves this whole empty nest syndrome. It's kind of really literal, you haven't got any eggs anywhere, you know what I mean"(172).

Participants also spoke of their body becoming different in how it looked and felt, and associated these changes with older and less feminine bodies. For example skin felt dryer and less firm, bodies changed shape as they tended to gain weight, especially around the waist, and some women spoke of vaginal dryness. Some also described feeling less physically vigorous and developing aches and pains.

These changes impacted their relationship to their body. For example, Cathy expressed a mismatch between her body and a valued part of her identity, as she spoke of her body developing a thicker waist which to her signified a '*more masculine shape(198)*' and also becoming inconsistent with a fit former PE teacher.

Diana described her body becoming different as a shock, triggering a renegotiation of her relationship to her body from a taken for granted physical expression of self to requiring care.

"I started, having never really had to look after my skin or anything (whispered), I started feeling that my joints are a bit creaky. if I was in a shop and I had to look at something on the bottom shelf, I couldn't bounce back up again and that really, really. I couldn't, the physical aspect of it shook me... that maybe I couldn't rely on my body in the same way as I had been able to umm yes so I think my confidence went a bit on the physical side of things"(105).

This change in the physical sense of self was coinciding with a number of other changes in life; so for example, Evie expressed an unsettling sense that nothing remained the same.

"So it's quite a stressful time really to be doing all those different, to have all those different changes when your body's changing"(183).

My body becoming uncontrollable and unpredictable

Women described their changing body as being less under their control and less predictable.

They spoke of a sense of inevitability, that the body had begun a change which they could not stop, disrupting their sense of mastery over the body. For example in this extract, Gina appears to feel loss of control of her reproductive body.

“it’s a bit like when you’re pregnant, your body sort of takes over and you’re quite separate. You are who you’ve always been but your body’s doing all these things you don’t ask it to do, it just gets on and does it”(115).

Most participants spoke of flushes as the first menopausal sign, drawing their attention to their body and announcing that it was changing. Those who had been in good health expressed little awareness of their body and physical sensations, and an assumption of their body continuing as usual. Menopause challenged this relationship to the body as they experienced unexpected and unwelcome bodily sensation, generating thoughts that, in Diana’s words *“you suddenly realise that you can’t take everything for granted”(133).*

The physical sensation of flushing seemed the most vivid expression of the body becoming unpredictable and uncontrollable. For many participants, hot flushes and night sweats were an intense and unpleasant, albeit short-lived physical experience. So for example there is a sense of urgency and overwhelming sensation in Alison’s description of a flush, which she rationalised as her temperature gauge going wrong.

“ For about a minute before you felt hot , this is when it’s at its peak you’d think. You’d feel really tense and you’d feel like you wanted to BASH something to get rid of all this tension or something. And it would go on and

go on and then you'd break out in a hot flush and it would all pass in about 5 minutes and that's when you could kill someone I reckon"(80).

"And it seems to start from the back of my neck and it would go all over my body. Its like, because the temperature gauge is on the back of your neck and it feels like that's gone wrong"(13).

Several women spoke about the unpredictability of flushes, which would start suddenly at any time of day or night, resulting in a sense that their bodies were no longer under their control. As Beth talks about getting used to flushes it seems that she is unsettled by not being able to know when they are coming and feeling that something external to her is changing her physical sense of herself.

"I don't think there are any triggers so there's no warning it sort of just happens and it's like um it's like someone's just turned the thermometer up really. it felt actually quite similar to when I was pregnant first time and it feels like something alien's happening to your body that you've got no control over it."(223)

Similarly, women spoke of unpredictability with regard to when or if they would next have a period and Holly recounts irregular periods making it difficult to meet her physical needs on a long trek and seeking medical help to control her body.

"And with my periods being irregular you never know when to expect it, ... that was what I went to the doctor about before I went on my [trek] last year. I think at that stage I hadn't had a period for about 6 months so I

thought is there one going to come, will it happen while I'm away and can I stop it."(25).

The process of change was gradual, whereas many had expected that periods would simply stop. This seemed to place participants in a position of uncertainty, not sure where they stood in relation to their menstruating body. For example Alison, describing not knowing what was happening with the change, seems to feel that her periods are unpredictable and separate from her.

"they (periods) were funny little buggers They sort of stopped and then you'd have these hot flushes and then you'd feel better and you think oh that's good it's all over and then you'd have a period you see and that would happen every 6 months for a couple of years."(41).

Experiencing the body as becoming less predictable and controllable led to increased scrutiny, monitoring signs and questioning their significance – am I menopausal? is my body reliable or not? what will my post-menopausal body be like? Participants spoke of uncertainty about what was happening with their menopause. They did not know when it would start or end, they were not sure exactly what was happening in their bodies or what was attributable to menopause. Holly, in common with other participants, spoke of seeking to reduce this uncertainty by consulting her GP.

"I don't really know where I am with it. For the last couple of years I've been not having regular periods and getting hot but obviously I don't know when I'm going to finish or exactly what's happening, or what it's going to be like

in the future, I know it's different for everyone. I think at one stage I might go to the doctor for a test"(8).

Feeling diminished by my body changing

Participants spoke in three main ways about feeling diminished by their bodies changing: loss of energy and strength; loss of concentration;. and the impact on how they were seen. Menopause was to greater or lesser extent making it harder for the participants to meet the demands of their lives and women spoke about menopause making juggling work and family responsibilities more challenging.

The impact most spoken about was tiredness following disrupted sleep due to night sweats. For example Holly described waking hot in the night as so normal for her that she no longer thinks about it.

"you know waking up really hot. In fact that probably, now I think about it that is probably the most difficult thing about menopause. I hadn't really thought about it before but for the last 18 months I haven't had a whole night's sleep at all and I suppose that's why I feel tired"(108).

During the day, flushes affected concentration and were linked with feelings of tension. They were more troubling in situations where women could not easily take steps to cool down. Women described this as having their attention pulled to their bodies and taken away for a short time from focus on external events. For example Maya expressed frustration and separation from her body, as she spoke about it disturbing her.

“you know it’s 3 or 4, 5 times a day and it just makes you feel like something’s disturbing your life”(100).

Beth spoke of a flush as an additional claim on her attention during work meetings, which could impact her performance.

“I lose concentration a bit when it happens so I’m aware of that um so I probably sort of withdraw a bit from engaging um when it happens”(228).

Women who described flushing visibly expressed concerns that menopause stopped them presenting an embodied appearance which conformed to their image of a successful woman, and spoke of reduced confidence in work and social contexts. In particular visibly sweating was viewed as a sign of *“not being together”*. Alison thought flushing made it harder to create a good impression with a client.

“so if you’re in a meeting with a client or something and then you’re suddenly breaking out into this sweat you’re either gonna sit there and get all red hot and sweaty or else you’ve got to rip off your jacket like a madwoman and I don’t think either of those looks very good really”(135).

This was particularly an issue for women such as Julie, whose work role imposed particular standards of appearance.

“I was perspiring quite a bit and very hot..it is an issue in the workplace, the environment that I’m in because there is a lot to do with image and, and um looking the part”(258).

For Diana it seemed that her body visibly sweating evoked feelings of shame, to which she responded by tending to avoid social events.

"I don't just go red, I get, I, I drip with sweat and my hair, I get really and so quite a lot of like a drinks party situation for a long while was a total dread for me"(346)

"I couldn't make the most of meeting people because I just felt um not presentable"(366).

(This was in addition to concern at meanings of being seen as menopausal which are discussed in the category Entering a New Lifestage I'm not Sure About.)

These impacts of the physical changes of menopause led to some tension in the relationship with the body, which was viewed as getting in the way of participants' goals. The attitude that women should override their bodies and not be limited by female biology was expressed in most interviews as 'just getting on with it' and some linked this as similar to expectations of women in childbearing.

Women described having to negotiate success in public life according to a standard in which male bodily experience is normative (Irigaray, 1987/1993). For Gina menopause seems to be generating questions about whether she can be successful if compared to men in this way.

"I think goodness me, how are we supposed to fulfil this expectation of being er able to function as fully in society as men do when we've got all this other stuff to deal with as well um actually it makes me feel quite angry"(104).

Beth expressed feeling diminished by the changes and relating to her body with less confidence that she can handle challenges at work.

"I think I had a lot of resilience in the workplace. It feels that the menopause is undermining it a bit gnawing away at it a bit . Again you know maybe the connection to the physical change"(452).

Some had made lifestyle changes in response to feeling diminished by menopause. For example, responding to tiredness by reducing working hours or attendance at networking events or avoiding some social events because of concerns about flushing. Therefore there seemed to be some shift from the public space towards the private world of family and close friends and for a minority of women this created a sense of life being put on hold by menopause as they, in Cathy's words *"tread water until it's finished"(397)*. Some women described not having recognised menopause as a driver at the time, suggesting that lack of attention to menopause is affecting how women respond to the changes in their bodies

Feeling diminished by the changing body, which was becoming less predictable and controllable, links with how participants managed their menopause and thought about their bodies. This is explored in the category Managing My Menopause Myself and the overall category Continuing My Story as Everything Changes. The following category considers the meanings women attached to their changing bodies.

Category 2 - Going from one phase of life to another

Summary

All of the women in the sample ascribed meaning to their changing bodies linked with ageing, as leaving a phase of life and entering a new phase they associated with older women. This required a renegotiation of their role and status. They spoke of resisting negative narratives, to which they would be subject if seen as belonging to this older lifestage – narratives which would undermine their status by calling into question their relevance, vigour and attractiveness. Participants spoke of adapting and taking opportunities in the new lifestage. In this they appeared to draw on narratives of *“the wise woman”*.

Being moved into a different box

All of the interviews contained the idea that menopause marked a point when women left one stage of life and began another. To some extent they associated the transition they were describing with a change in their parenting role. For example Maya described accepting that *“those days of waiting at the school gate are gone”*(341). However, the difference between the phases of life seemed to be wider than fertility and related to age. Women who still had school age children at home expressed this as much as women whose children were entering adulthood.

The association with ageing was not only present in interviews but in the recruitment process. Women expressed reluctance to ask another woman about participating because suggesting that they could be experiencing menopause might give offence, as tantamount to saying that they were getting old.

It appears that meaning making about menopause is not linked to individual ageing as a continuum but to leaving an age group and entering an age group of older women. Menopause startled women to awareness of ageing when they had been “*blissfully sailing along thinking I was still 30 something*” (Diana, 5). Evie spoke of the symbolic meaning of menopause as signifying that she is changing and moving from one stage to another. In common with other interviewees, she expressed a reluctant sense that this is a meaning imposed upon her unwelcomed, rather than emerging from her own development.

“it’s not just menopause is it really but I think that is a symbolic thing and when your husband starts to get a bit middle aged in his attitudes as well it’s I don’t know, it’s all everything changes, everything kind of moving on into a different phase which I don’t really want to be in, I still want to be in the other phase”(282).

It appears that this sense of moving from one life phase to another is experienced by this sample of women as imposed on them by social narratives, which are applied to them if they are seen to be menopausal. So for example, Diana, expressed concern that allowing herself to be known at work as menopausal would lead her colleagues to view her less positively.

“you started wondering if by opening up about this, all of a sudden you were being, were moving into a different box.As in a, into that, the next segment of your life which is the less active, less productive etcetera”(37).

The association between the meaning made of menopause as entering a new phase of life and loss of vigour appeared to be linked to associations with loss of health. For example, it seems that what is most salient to Karys is expectations of being diminished by age and ill-health.

“I think women are, they don’t like it when they have menopause..... I think it takes a bit longer for them to accept that they are going, because it is kind of a defining, it defines their phase of life from one phase of their life to another and another is kind of confirmation that they are getting older, they are getting weaker perhaps they will have some illnesses coming up and they won’t be able to cope with them”(151).

Gina experienced a health condition beginning contemporaneously with menopause. She spoke of doctors responding according to a perception of menopausal women as inherently subject to reduced health and thus no longer expected to be vigorous and productive. She expressed frustration at this mismatch with how she saw herself and considered that she would have been treated differently had she been younger. Other participants spoke similarly about the priority attached to women’s health in midlife.

Women described encountering dismissive negative narratives, linked with entering an older life phase, in various social contexts. For example Holly recognised that the young woman interviewing her about an adventurous trek saw her as

“breaking the stereotype that when you have your menopause you’re past it and you can’t be adventurous anymore”(269).

The construction of menopause as entering a new life phase seemed, for some participants, to prompt thoughts of entering their parents’ generation and to link with thoughts about parents at the end of their lives. It was notable that, in talking about ageing, some women spoke of the frailty of people a whole generation ahead of them as though it was looming very close. In most interviews, I felt an urge to remind the participant that she was in her early 50s because there was such disparity between the ageing body she spoke of resisting and the woman in the room with me. This may of course express my discomfort with shadows of my own ageing body.

This is not to say that the women in this sample thought of themselves as becoming less vigorous or productive but that they understood menopause as meaning that they were entering the life phase of an older woman, feared being judged in this way by others and to some extent applied this thinking to themselves. We can see a tension between Gina’s aspirations and capabilities and the meaning she makes of menopause, in her account of considering whether she should *wind down* her professional life.

“I want, I don’t feel like I’m winding down, I feel like I’ve still got things to do. Things I want to do, um yeah ...No but I’ve caught myself in the last 6 weeks thinking gosh maybe it’s time to wind down and um maybe I’d have to and that’s a bit shocking really yeah”(183).

Similarly Beth spoke of menopause as making her age “*an issue*”(495) and spoke of resisting by not drawing attention to her age, even to the extent of underestimating her years of experience in the workplace, in order to avoid “*being judged as somebody on their way out*”(499).

The theme of being **seen** differently by others, and therefore identified as entering a new lifestage, is explored in the following sub-category.

Not just another frumpy menopausal woman

This phrase was used by two participants to express narratives they sought to avoid and others expressed similar ideas in different words. It was notable that this narrative was used by participants as a ‘real’ narrative which applied to others and potentially to themselves. This illustrates how thinking about self is inevitably formed through available narratives. In common use “frumpy” is a derogatory term about appearance, with the meaning out of date and unattractive. The context of the phrase in the interviews was of actions taken to avoid **being seen by others** as a frumpy menopausal woman. For example in this extract Beth spoke of a shared concern in her peer group to resist a narrative which would be imposed on them, were they seen to be ageing and menopausal, and used to diminish and dismiss them.

“I’ve a number of conversations with women around my age who are really keen to um keep the weight off and you know dress nicely because that’s part of not being dismissed as just sort of you know frumpy menopausal woman”(109)

What was present to some extent in each interview was awareness that being **seen** to be menopausal, through visible bodily changes occurring at the time of menopause, could make women subject to negative narratives attached to the phase of life of older women. Women were subject to dismissive narratives about older women both socially and in their own thinking about themselves. Participants were striving to resist these narratives in the way they spoke, presented themselves and behaved. *“Just another frumpy menopausal woman”* was shorthand for these narratives and I will aim to unpack this phrase in more detail.

Frumpy or out of date can be illustrated from Evie’s account. She described *“trying to salvage the last vestiges of you know of decent looks”(246)* explaining that, as the image she saw in the mirror differed from how she thought of herself, so she anticipated others would perceive her differently and dismissively.

“I think until recently I’ve assumed that cos I feel young, other people will look at me and think I’m quite young. But I’m not and I think maybe now people look at me and think oh she’s old, older, oh not old but just a middle aged lady sort of thing”(253).

Her changing expectations of how she would be seen led her to feel subject to changing social behavioural rules, anticipating some things she wanted to do would

attract disapproval, because “*probably people think oh what’s she doing, you know, why’s she doing that*”. She cited dancing at music festivals as an example that was current for her.

Menopausal and older seemed to be used interchangeably in this context. All of the interviewees spoke about looking older when talking about their menopause and were aware of lacking clarity about what was menopause and what was ageing. What might be an interpretation of the link made between menopause and looking older? To some extent it may represent a biologically produced physical change as skin becomes dryer and less elastic and weight is gained around the stomach. However, because of the socially constructed meaning of menopause as marking entry to the lifestage ‘older woman’, women at menopause may increase monitoring of their bodies for signs of ageing and ascribe new meanings to changes they observe.

Like Evie, several participants spoke of experiencing a dislocation between how they felt and how they appeared in the mirror. “*The mirror tells me the opposite but in myself I don’t feel old*”. (Faye,52). It seems that what they are expressing is a mismatch between their sense of self and the negative social narratives to which they are becoming subject, through being seen as entering an older lifestage.

There was evidence in the interviews that this was a gendered ageism, therefore becoming salient at menopause, which marks them as **women**. For example Beth contrasted hiding her own age at work with her awareness of associations made between grey haired men in her profession and experience and credibility. Similarly

Faye observed that her, older, husband could more easily conform to socially available images of desirable men and be seen as *“bloody hot”*(419).

Participants also expressed a fear of not being seen, of becoming invisible. For example, as Evie spoke of wanting to avoid becoming invisible, it appears that this is a narrative familiar to her about menopausal women and that it is not just about not being seen, or not being seen as attractive but about becoming irrelevant to the extent that others could go about their lives as if she was not there.

“people say oh you become invisible when you’re a middle aged woman, people just walk straight through you , and I don’t really want that.....hmm”(257).

Beth expressed the same concern and described noticing her ideas being attributed to others in meetings. She had responded to this by becoming *“more aware of dialling up my tone or engagement in meetings in order to be heard*(99).”

Therefore, the account of these women presents walking a tightrope of, on the one hand avoiding being visible as a menopausal woman, which would attract dismissive negative narratives, or on the other hand becoming invisible. Either way, women spoke of perceiving a threat to their social status and roles.

This concern with how I am seen at menopause was expressed to some extent by all participants. For example almost all of the participants spoke about dyeing their hair in the context of responding to menopause. Having read a strand of literature about ‘sexual dysfunction’ at menopause, and observed in interviews that some women were aware of expectations that menopausal women have sexual

difficulties, I was interested to explore whether the concern about appearance that was emerging related to sexual desirability. This interest is of course located in a 21st century Western narrative that sexual intimacy should continue beyond mid-life.

Some participants spoke of their changing body as raising questions about being seen as attractive and sexual desirability. For example Alison identified herself as *“someone who’s used to getting a lot of compliments”*(169) and described menopause as triggering thoughts that this would end.

“you just worry don’t you about um, when, when will you stop being attractive as a female, do you know what I mean and become like a kind of asexual old person”(161)

Two other participants voiced these thoughts explicitly. For example Karys, reflecting on how she will feel about her body after menopause, expressed uncertainty about how her husband will feel towards her and whether she herself will feel desirable.

“in terms of having a relationship with husband, ... I don’t feel old at all, you don’t feel but it’s linked with age, old age, so you’re, I don’t know how will your husband perceive and how will I perceive that I don’t have, I might even hide it from him”(161)

Faye also thought of her body as less sexually desirable, and although she described her husband as *“saying he still fancies me”*(304) she was not sure, and wondered if he might *“find some new floosie, a newer model, it won’t be the first time, it won’t*

be the last”(403). It appears that in this way her thinking about her own relationship is being shaped by social stereotypes about the undesirability of menopausal women. Similarly, Beth reflected on her sexual relationship that *“the feeling of getting old and being less attractive and all that that just puts you off a bit more really”(416).*

This very personal question, was current for participants rather than retrospective reflection. I noticed that the conversation was less relaxed and fluent when talking about relationships with partners. Some participants strongly emphasised other aspects of closeness with their husband and were perhaps indicating a de-emphasis on sexual intimacy. It is not clear how to interpret silence but it did appear that although **all** of the participants were concerned with how they were seen at menopause, only about half indicated that this affected how they thought about themselves sexually.

Steaming on ahead into the next phase of life

Participants also spoke positively of the next phase of life as a new beginning. They were taking steps to accommodate their changing body and create opportunities and plans. For example, Faye spoke of accepting ageing as inevitable, enabling her to focus her energy on the future.

“my husband always wants to turn back time, I say what’s the point you can’t do it. No point in dwelling on the past, what is it going to give you, you are just wasting your energy you might as well just steam on ahead that’s my view”(288).

In doing so, they sought to protect themselves from threats and negative meanings they perceived to be attached to *entering a new phase of life*. They focussed on diet and exercise as part of protecting themselves against loss of vigour and ill health. Participants resisted the narrative of being “*on the way out*”, speaking of negotiating a valuable role in the next phase of life. All of the women who were working expected to continue but some were also making some changes – such as financial planning for retirement and guarding against loss of relevance by taking on new roles or starting new businesses.

Some expressed a feeling of freedom and choice to be themselves. For example Holly, comparing herself with her daughters and with her younger self, spoke of a greater confidence which seems to arise from feeling less subject to the views of others.

“it’s that you don’t have to be worrying what people think of you..... you know who you are, so you don’t have to worry about that and you can just speak out. So yes I do think there’s a kind of freedom in it and so yes I think there’s a kind of freedom and a confidence”(314).

Holly, in making a contrast with younger people, relates this confidence to age and self-knowledge. There was some evidence that this freedom from judgement related to reduced pressure to conform to traditional female roles. For example, Maya had chosen not to live with her partner and spoke of menopause as liberating her to make this choice, when she would previously have felt constrained by social expectations of a heterosexual nuclear family. It seems from her words that these

expectations would have been so much part of her taken for granted knowledge that she would not have been aware of having a choice.

"I would have very much been we've got to build a family life together you know I would never have thought of this way of living ever"(459).

In contrast, she spoke of a fresh sense of liberation from meeting male approval, compared with younger friends.

"I can see the generations, couple of my younger friends who were 35 to 40 you know scrambling away, finding the man and I just feel sorry for them, you know what they are going through. I do think I'm not that woman, that woman is not my generation now"(400).

This freedom and confidence is a counterpoint to the loss of confidence arising from awareness of the negative narratives applied to older women. Several women spoke of these as co-existing. For example Beth, who has drawn on a menopause narrative of entering a phase of life where she anticipated being dismissed and viewed in derogatory terms by men, described feeling simultaneously confident and anxious at work.

"Because I feel you know confident about my experience, and the position I've got to and um you know my judgement on things. I have no problems standing in front of people or going to, networking when, with strangers, umm yet. So I still feel that, yet I, there's something in me that also feels quite anxious... a bit ironical really because part of me feels much more confident but at the same time I feel more anxious" (139).

In *steaming on ahead*, one positive narrative which participants drew on was “*the wise woman*”. Some participants spoke of this as a socially endorsed role for post-menopausal women. For example Faye had read of this role for women, and it was expressed in her work in healthcare and her family pattern of younger women coming to her for advice. It appears in her account that this narrative continues, beyond menopause, a construction of women’s role as nurturers.

“I don’t want to be child bearing um I want to be the wise woman ... yeah, I think I read it somewhere about the role of postmenopausal is the, not everybody is wise but um that’s the role that they take in society, the listener, the carer and the wise woman”(425).

Several other participants described making changes at menopause which seem consistent with the *wise woman* narrative. For example, Diana and Maya had joined schemes as mentors, Evie was training as a counsellor, Beth had noticed a shift at work from focus on her own development to “*coaching and advising and supporting*”(191) more junior colleagues.

Karys described characteristics of the nurturing matriarchal wise woman in her account of the ways she thought her behaviour should change post menopause.

“the way I am with people, you know especially with youngs, with life generally you know, the way I carry myself mainly..... you’ve got to have a lot more patience and er yeah a lot more patience, a lot more accepting”(343).

Beth observed that drawing on the wise woman narrative could give her a voice in the workplace, and be used to counteract her concerns about “*becoming invisible*.”(36) She also linked this with a parental role.

“so actually coming in as an older woman has, does give me, gives me a voice and people listen because they listen to daddy, dad and mum”(106).

Some accounts linked attaining wise woman status to menopause in that they began to think of themselves as having successfully negotiated motherhood and therefore becoming confident they have experience to share. Maya expressed this in the context of parenting.

“volunteered to adoption UK as coordinator for the south east and again I wouldn’t have felt I’d have had the experience. I feel I have the experience now.... Yes, a transition in other words, a come though the other end feeling, yeah”(330).

So we can see a narrative emerging of menopause as marking a move to a new phase of life which necessitates renegotiating identity in the face of dismissive narratives but also offers fresh opportunities. Women expressed an etiquette that they should make this transition without it being seen, as described in the next category.

Category 3 - Keeping it Hidden

Summary

Almost all women spoke of keeping their menopause hidden, particularly in front of men, and even participants who described themselves as open about their menopause tended to feel uncomfortable flushing in public. This was a response to social etiquette that menopause is private, as well as avoiding negative menopausal narratives. Etiquette could be relaxed in the company of close female friends and family. There was evidence in interviews of intergenerational transmission of these social rules. As a result menopause was unattended by individual women and in society. In the diagrams of the grounded theory, this category is shown encircling the main category. This is to express it as a strategy used by women in order to continue their story but also a veil hiding from view this significant part of their story.

A slightly taboo area

Participants expressed awareness of a construction of menopause as in some way shameful, private, not to be seen, or spoken about openly. As menopause was, in Evie's words "*a slightly taboo area*"(421), there was a social etiquette that women keep it hidden. As a result she observed it was "*unbelievable, it's so hidden*"(428) given that menopause is a normal developmental process for women. This was expressed not only in words but in behaviour, for example lowering the voice during the interview or asking for extracts to be deleted if they referred to the menopause of another woman. For several of the participants, being interviewed

was an opportunity to collaborate in challenging the social construction of menopause as taboo.

Some women, such as Cathy, who wanted to treat menopause openly as a normal development, described initially having to overcome their own embarrassment when flushing in public. In her account of negotiating a more accepting relationship with her visibly flushing body, she linked this to pregnancy and *"the whole process of being a woman"*(617) and the menstruating female body being rejected by men.

"I mean most men you mention the word period and you can see half the room buckling and running for the hills and you just think, er hold on, it's only a bit of blood you know..... They call them facts of life and then everybody just tries to ignore them."(622)

Whereas, when she flushed in her work in women's fashion sales the customers were accepting and those who were *"going through it as well"*(82) were *"quite relieved to be able to say something"*(83). This presents the metaphor of a network of subversive resistance to an oppressive social process which requires women to hide aspects of their bodily experience as shameful.

Menopause seemed to be subject to greater and more persistent socially constructed shame than other aspects of female biology. Some participants identified themselves as feminists and suggested that as younger women they had challenged male power but did not feel able to do so about menopause. Similarly they commented that women were no longer expected to hide their pregnant bodies by *"wearing smocks"* but could be *"obviously pregnant and proud of it"*

(Cathy, 613). The reason appears to be the link made between menopause and ageing bodies. So for example Lisa, speaking about the asian women's health support service she runs, said that women did not like to speak about menopause because it is both linked with their sexual bodies and was "*an ageing thing*"(53). Feelings of distaste towards older flesh were also expressed by some participants in accounts of feelings towards their post-menopausal bodies. Cathy disliked the uncontrolled fleshiness of her body which felt to her "*like a rubber doll with everything wobbling all over the place*"(204). Faye said of sagging skin on her legs "*yurr that's the one, that's the bit I hate the most*"(41) because it looked old.

There was evidence in the interviews of how this *slight taboo* was maintained socially and of its impact on women's menopause experience.

Maya described how menopause was excluded from shared social knowledge through omission from popular culture and therefore from resources she would usually draw on. Its hidden nature was maintained by reluctance of other women, who were not yet menopausal, to talk about it.

"I get the you know the good housekeeping every month and they never talk about it in there. Yet they talk about everything else, everything else they talk about in there, everything else but not that. You know so it's very hard. But I felt very enlightened when I read that book so I tried to my friends 'do you want to read it' and they're like 'no'"(570).

Therefore women can enter menopause unprepared. For example Gina did not know what to expect because she had never heard menopause discussed.

"I wasn't aware of my mother having any signs, it wasn't something that was discussed growing up. I've never had a conversation, until I started to feel bothered that something was happening. And I wasn't expecting it, I don't know that I'd ever had a conversation with anybody about menopause"(18).

Several participants expressed this attitude, of treating menopause as taboo, in denial and lack of attention to their own menopausal bodies. For example Beth spoke of avoiding thoughts of menopause beforehand.

"I've got a few close friends who started, the same age but started earlier. So there was a time when I was thinking 'oh, great it's not happening to me' (laughs) lucky me. So yes, so I don't think I thought about it at all.... I think it came as quite a shock."(443).

Now, although *"It was such a real experience"(7)* she kept it *"at the back of my mind"(18)* and *"had not found time"(20)* to think about it.

Lisa explained how lack of provision of information and support arose from this social process of treating menopause as *a slightly taboo area*. Women using her service would not request information about menopause because *"that's something they don't like to discuss, they consider it to be very personal and very private"(6)*. Women's' health issues had been the subject of workshops run at the group in response to materials circulated through the health authority but in 10 years at the service she had never received anything on menopause. She was concerned that as a result women were uninformed about their health during and

after menopause, especially about reducing the risk of osteoporosis. Lisa had assumed that this was a particular issue for Asian women. However Maya, a trustee of a multicultural women's centre, expressed exactly the same view.

The relational consequences for individual women of keeping menopause hidden are discussed in the following subcategory.

Keeping it very, very private

Most participants generally kept menopause *very, very private* and sought to hide or disguise the signs. This seemed to arise from the social etiquette that menopause *is slightly taboo* and also avoiding the stereotype of *just a frumpy menopausal woman*.

For example Gina spoke of not wanting to draw clients' attention to her female body.

"well I suppose that's it's personal, I suppose it's this, this whole muddled area of things to do with women's hormonesit implies weakness I suppose And also I think they would be embarrassed, the clients are pretty well all men, I think they'd be quite embarrassed really"(243).

And Beth described keeping menopause private to avoid being thought less of at work.

"I suspect men aren't very aware of it other than in a rather general menopausal woman sort of, often a critical sort of derogatory way . I

certainly don't have any conversations with any, in fact I don't talk to anyone at work about it"(241).

Keeping the bodily signs of menopause secret placed an additional pressure on women and necessitated an increased monitoring of the body, for example some women, such as Beth described checking to see if their flushes were visible.

"when they started and I was at home I looked in the mirror cos I was quite interested in is there any physical manifestation because some friends who are going through the same thing go very pink and quite sweaty."(230)

There was a thread in their accounts that menopause being visible to **men** was particularly avoided. This may account for the observation that, in this sample of women, those who worked from home or in a female dominated environment described less difficulty in managing menopause. Women who worked with men faced greater challenges to hide menopause and simple steps in managing, such as taking action to cool off, might be unavailable as drawing attention to their body.

The pressure to keep menopause unseen was reinforced by the behaviour of others. For example Alison, who works in the family business, recounted her husband hiding her menopause from a client. This generated feelings of anger that an aspect of her normal experience was being denied.

"we had a meeting and I had a terrible hot flush and he said 'it's perfectly alright, it's perfectly alright, she's just not very well'"(225)

Within the family, women were more open. However most women described communication as limited to the factual and some spoke of using humour to allude

to menopause without directly speaking about it. Again, the role of men in the family could be seen, reinforcing the etiquette that menopause is kept hidden. For example Evie's response to my question about talking with her family suggested a taken for granted inhibition about speaking, especially in front of her sons, of which she had not been fully aware, but which was maintained by the reaction she expected.

"only in a kind of jokey way, not really in a serious way, no I don't think I have actually Well I've got 2 boys who'd recoil in horror if ever I mention any such thing"(219.

Most participants said they spoke about menopause with their partners, but not in depth. Some commented that they shared less than they would about other life events. Their partners listened but generally did not ask questions, both expressing and reinforcing the expectation that menopause be kept private. Again, Evie seemed to be describing reticence which she felt but did not fully understand, as she spoke about talking with her husband.

"No, not really, a bit probably, yeah a bit, not in any great, not in any great length, don't know why he doesn't really say anything about it. No I don't really know how he feels about it....."(360).

As a result, participants appeared to be uncertain how their partner felt about their menopause and some, such as Gina, did not experience them as a source of support.

“he obviously knows it’s going on but I think, I think it’s difficult for him, he doesn’t ask many questions um and we’ve had a few, um I got quite upset and ended up being quite cross with him the other week because I said, you know I don’t, I feel like I’m really on my own in this, I don’t feel he’s there for me”(277).

Gina’s sense of aloneness reflected another layer of hiddenness - menopause is hidden within the social world and excluded from what can be spoken about. Thus there is no shared language women can draw on to communicate their experience, even within the private world of their family. For example Cathy spoke of not being able to communicate what the changes in her body felt like.

“they (men) don’t really grasp it and I’m not sure even women who haven’t started the menopause really grasp it”(542).

This meant that it was difficult to share and be understood. Therefore women are experiencing their bodies changing in ways which may be challenging in their everyday lives and which signify to them profound existential meanings about their life and social roles but are unable to talk about it freely. For some participants, such as Karys who described menopause as *“very very private”(117)* the interview provided *“an opportunity to talk about it”(8)*.

One might expect that mothers, who have been menopausal, could become confidantes. However, most participants were reluctant to speak with their mother. In this they were following the pattern of silence established during their mother’s menopause. Participants described themselves as more open than the

previous generation, but most spoke little to their daughter about their menopause. They spoke of their daughters entering womanhood and appeared to want to protect them from awareness that they too would age. The intention expressed was that the conversation would occur once their daughters were themselves approaching menopause. However, just as their mothers before them, this may not take place and in this way we can see the intergenerational transmission of the etiquette that women hide their menopause.

An important exception was that women may speak about menopause with other menopausal women – usually close female friends or relatives. Of course they would not necessarily know who among their acquaintance was currently menopausal. It was necessary to identify themselves and negotiate easing the social rule that menopause is private. Julie described using humour to signal willingness to talk.

“it’s more sort of the joke of ooh I’m very hot at the moment oh I must be having one of those hot flushes it’s my time of life and it’s just a general sort of throw away remark almost but occasionally someone will talk a little bit more in depth about it”(198).

Being able to, in Cathy’s words *“groan on to each other”*(538) formed a kind of secret sisterhood within which information about treatments was exchanged, comparisons made with others and through shared humour, a sense formed that, as Holly said, *“we’re all in it together”*(83). This peer group was highly valued as a source of support, for example Diana spoke of texting friends helping her to manage the demands placed on her to carry on as if she was not menopausal.

“you can just let loose a little bit by going oh oh hot and bothered you know and and somehow it does feel better just to share that yeah”(338).

However this talk between women was, as Karys described, *“just the general, just the physical you know, not the emotional side”(183)* and meanings of menopause were negotiated privately, so for example, participants had generally not spoken about the impact of menopause on their identity before the interview.

Category 4 - Managing my menopause myself

Summary

Participants spoke of responding to menopause by acting to regulate both the physical experience and the impact on how they were seen. Interventions aimed at appearance and symptom relief are considered together in this category as they were inextricably linked in participants’ accounts. Some responses, such as dyeing hair and controlling weight were reported by almost all participants but there was significant variation in use of treatments or supplements. Participants expressed an intention to shape their own response but were impacted by inadequate information, power differentials with doctors and available narratives relating to female bodies.

Managing My Changing Body

Participants described themselves as seeking to manage their changing bodies rather than as passive victims of menopause. Although the interview guide did not include questions about treatments, all interviewees spoke about treatments or

lifestyle changes. As has been described, participants spoke of their body as becoming different and uncontrollable and expressed concern about their body looking older. They responded by seeking to regulate the body and how it is seen. Participants spoke of responding to both present experience and expectations of their future body. A meaning associated with menopause was entering a phase of life involving potential physical decline, in which their body required more care and attention. This menopause narrative triggered a lifestyle review, in particular of diet and exercise. Whether or not they took HRT, most participants spoke about the importance of ensuring some kind of symptom relief, looking after their future health and combatting the impact of menopause on appearance.

For example Alison spoke in detail of taking several different treatments, and caring for her appearance. In answer to my question about the main impact of menopause, she seems to be linking all of these to resisting ageing and her fears about ageing.

“I think I don’t know, I don’t whether when you get older you think I’ve had enough of this life now. Or whether you still think, whether you fight it which is what I think I suppose, I suppose is what I’m doing, I’m fighting it. With the weight thing and the hair dyeing and the make up and everything else”(305)

The biomedical discourse was evident as women spoke of treatments, whether HRT or ‘alternative’, as regulating or restoring hormone levels. As described in the literature review, the dominance of the biomedical discourse about menopause has been challenged in feminist literature with HRT seen as medicalising a natural developmental experience. This debate was reflected in the sample. Four

participants were taking HRT, some had considered HRT but decided against, a minority would not consider it under any circumstances they could imagine.

Whether HRT or alternative therapies, treatments were not necessarily effective in achieving a sense of managing the changing body. For example, several women described a prolonged and frustrating process of trial and error with a series of different treatments, increasing their uncertainty about their body. In part this related to not finding reliable information about treatments. Even women who had settled on treatments presented uncertainty and worries about future health. For example in Evie's account she appears uncertain how to understand the effects on her of HRT and other treatments and unsure how to find a way forward.

"why am I on it?....I don't know... I need to kind of find out which is helping what really yeah mmm"(355).

This particularly bothers her because she is worried about side effects of HRT

"at the back of my mind I still think 'oh should I really take my health for granted and take this risk', if there is any risk, so at the back of my mind, I don't really like being on it".

All of the women taking HRT expressed concern about side effects and that, in Gina's words *"this is messing with you, it feels like it's messing with you in a different way"*(387). It was noticeable that no interview mentioned risks attached to alternative treatments, even if they included oestrogen type components. It appears that there was a consensus that "natural" is equivalent to healthy and those who, like Faye, would not consider HRT rejected it as *"synthetic"*(140).

Participant accounts illustrated the implications of different ways of relating to the body for how women responded to menopause. A minority related to the body as to a finely tuned engine. For them, managing menopause meant understanding their body and minimising the impact of the changes. So for example Faye, who described researching what was happening in her body and then using diet, exercise and progesterone cream, seems to expect that she can control her experience of menopause

“it has its downsides but you can manage those if you’re smart enough, if you get the right help”(182).

and described herself as able to *“sail through”*(165) because of the actions she took. This was consistent with how she described her role as a nutritionist helping women manage their bodies.

Others related to the body more as a workhorse. For them, managing my menopause meant being able to fulfil their roles. For these women the decision to treat was based on whether they were coping and they would put up with its effects if they could. Diana for example, was using exercise and had tried black cohosh briefly but no other treatment. She spoke of resistance to treatment if she could cope without, even though she had described being significantly troubled by flushes and night sweats.

“at the moment yes, yes the sweats are there but I kind of think it’s um I’m managing ok so again the thought of regular medication, I’m not sure.....doesn’t appeal really, that’s all.”(426).

It appears that she would see taking regular treatment as diminishing her, indicating that she is not able to cope, in contrast to other participants who viewed treatments as taking control.

These different stances in relation to the body are illustrated in Maya's account of talking to her elder sister about whether to take HRT, in which she rejects her sister's approach of putting up with it, in order to make choices about her own experience.

"I asked my sister and she said no I just, she goes 'I just sucked it up' you know. I thought I don't want to do that, why do that if you don't have to?"(144).

The idea of a natural authentic developmental process, drawn from the feminist sociocultural model was also apparent in women's accounts, but to some extent as a pressure. There was evidence in the study that the developmental narrative could potentially reduce women's power to act to reduce the impact of menopause on their lives. Cathy's rather bleak account appears to draw on a developmental narrative to argue that women should *"just get on with it"*(393).

"some people do treat it as if it's a disease , something that they should be able to do something about but it isn't you know it's like a tree. One minute it's a sapling, the next minute its an old oak and the next minute it falls over"(589).

This may be why all participants who took HRT expressed feeling subject to possible disapproval, perhaps for avoiding an authentic female experience. In Gina's words

“so we feel guilty because we’ve taken something at all. I’m not saying I feel guilty about it but if, it does feel like one of those decisions you’re almost supposed to feel a bit ashamed of”(393).

Similarly with appearance, the accounts seemed to describe a delicate negotiation between in Beth’s words not *“give up or give in”*(315) to menopause but also accepting a natural process and in Karys’ words not *“looking like I’m trying to be you know holding on to my 25, 30”*(388).

This raised the question expressed by Gina of *“what is it acceptable to put up with as a woman”*(392) and who has the right to decide?

Whose body is it?

Participants expressed a desire to be the decision maker about their response to menopause. Interviewees drew parallels between their response to menopause and to other challenges and health matters and an intention to manage menopause in a way consistent with how they thought of themselves. For example Alison spoke of her decision to use alternative remedies and *“manage without any drugs”*(30) as consistent with an earlier decision not to take antidepressants.

However participants’ accounts illustrated that their role as decision maker and the choices available to them, were impacted by their social situation, information available and relationships with doctors.

The social construction of women’s treatment choices can be seen by comparison of different accounts. Holly was the only woman not to have considered treatments

at all and appears to attribute this to a biological factor of having a trouble free menopause.

“I haven’t really felt the need to do or change anything it just hasn’t been too bad”(208).

However comparison of her interview with others presents a more complex picture. Her description of the impact of night sweats is as, or more, severe than other interviewees. However, she runs her own online business, working from home, providing a service to a 50+ mainly female demographic. Therefore, compared with other women interviewed, she has more control of her working conditions and is less impacted by etiquette to keep menopause hidden and by negative narratives about older women.

In contrast, Julie spoke of her work conditions making it hard to adapt to flushes and not having the power to change her circumstances. She had chosen to take HRT, a decision which conflicted with her usual avoidance of medication and which she seemed to feel the need to justify.

“if you are working in the environment that I am you’re confined in a very small environment anyway with no control over the climatic conditions you’re in so it makes it much more difficult to manage”(103).

Similarly, Evie spoke about taking HRT, aiming to regulate her mood for the sake of her family, according to a socially available narrative of mothers as emotionally calm for their children. She appears to experience a tension with a feminist identity

expressed earlier in the interview, as she chooses to treat menopause in order to conform to a maternal role, rather than embrace it as a natural development.

“People talk about mood swings, maybe that’s what I was experiencing and that’s what I wanted to sort out um I don’t think it’s very, this doesn’t sound very liberated of me, but its not really fair on the rest of, on your on your kids actually I don’t think.”(135).

So women are not able to decide their response to menopause simply on the basis of the nature of its impact and their individual values. The choices they make are socially constructed according to their socioeconomic situation, the social structure of their lives and the narratives about women’s roles available to them.

The first step participants described in managing their menopause themselves was becoming informed. For example Karys explained that she wanted information which would empower her to look after her body.

“the main points that what we should look out for and what would make the process easier perhaps and what are other things that we should watch out for.”(271).

But they found that the information available to them was insufficient and they were unclear how to apply it to their individual circumstances. In several accounts it appeared that what the participant knew about menopause was mainly drawn from other women, whose experience may differ from their own. In terms of widely available information, almost all women spoke of using the NHS website because they did not have the expertise to judge whether other webpages were reliable. As

we have seen, this webpage is very much written from a biomedical discourse. In addition, Julie was typical in describing the available information as too general

“it normally says well this is your basic information, should you wish to find out more speak to your GP. and of course I find there’s a bit of a gap missing there because your GP doesn’t have the time to spend a lot of time talking to you”(475).

This left women in a position where they felt unable to be confident decision makers. So for example Gina spoke of being reliant on her GP saying HRT might be good for her. Lacking confidence in the basis of taking HRT, she described not knowing how to evaluate the outcome and she contacted me after the interview to inform me that she had stopped treatment.

“we go in blind, we’re just supposed to take it on trust that it’s ok. And I don’t mean, you know I know there’s the side effects and there is data on some of that, but what’s it supposed to do, and how’s it supposed to do it um and what level of improvement should I expect”(388).

The way in which information is presented may be based on predominant stereotypes about female users of health services. For example Gina spoke of wanting a more factual scientific approach.

“it’s all a bit fluffy and it’s about how we feel and you know why can’t it be more rational why can’t we have lots of scientific evidence”(360).

and expressed anger and frustration that, in both menopause and pregnancy she didn’t feel *“like we’re treated as rational beings”(384).*

Participants described menopause as a natural process of development and wanted to resist medicalisation, which would put it in the domain of the doctors. But all had consulted a doctor because there was no other obvious source of information.

Some had hoped that the consultation would reduce the uncertainty of menopause (as described in the category *It feels like my body's been taken over by aliens*) but this did not appear to be the outcome. Several women spoke of feeling confused or dismissed when informed by their GP that they were perimenopausal, which they understood to mean, in Cathy's words " *a label for being not quite menopausal*"(510). In this way, the medical labelling did not match their experience of their changing body.

Women wanted to work in partnership with their doctor and be treated as experts in their own body and life but this was not always their experience. The main difficulty described was not being treated as an individual. For example, Faye expressed her intense annoyance and frustration at her experience of being treated according to average statistics rather than enabled to make her own choice about contraception.

"I'm the norm, nobody's the norm, nobody is the norm, you know we are all different"(383).

Not being treated as an individual affected the choices available to women. For example, Julie spoke about needing to persevere and consult four different GPs before she felt that treatment decisions were based on the impact of menopause on her individual circumstances. In common with other participants she spoke of leaving the consultation with a treatment decision she was unsure about but not

feeling able to question the doctor. She described the final doctor as different because

“she stopped and listened to me rather than make a quick decision based on oh here comes another lady with menopause”(138).

In summary, participants valued managing their menopause themselves, according to their own decisions and values. However they described their agency as being limited by inadequate information and a power differential with their GP.

Comparison of the accounts also illustrated how participant’s responses were shaped by their circumstances and conforming to available narratives in their family and work life.

Overall Category - Continuing my story while everything changes

Summary

Participants’ accounts showed menopause to be prompting an overview of their lives. The experience of change became a review point looking back over life and forwards with plans, fears and awareness that the story would end. They were seeking to continue constructing a unique life story while their body and place in the social world shifted. Women became more aware of their gender both physically and in the gendered narratives available to them. The participants sought to construct an individual narrative of themselves during menopause which was consistent with their life story and values. The struggle to manage their menopause

in a way which enabled them to pursue their goals and resist dismissive narratives about menopause appeared to produce emotions of anxiety and anger in many participants.

Reviewing my story

Because participants understood menopause to mark the end of one phase of life and the start of another, it became a time of review, looking back over adult life and ahead to the future. Some women spoke of looking back with nostalgia on their younger lives and this was especially poignant for women who had daughters reaching adulthood.

Women also spoke about the menopause narrative of entering into a new phase of life prompting thoughts of how life might be in the future. For example Beth described menopause “*generating some thoughts about me and my future and some decision making perhaps at some point.*”(29) There seems to be a sense of evaluating her life so far and deciding what is important to her for the next years and this was reflected in other’s accounts of taking stock of what they had achieved.

Several women spoke of menopause generating an awareness of mortality and reviewing their story in the light of an awareness that it will end. So for example Alison’s response to a question about the main impact of menopause suggests that it generated both fears for old age as well as questions about whether there will be enough time for her.

".....I would saydefinitely being, just being aware of getting older that there's stuff you want to do and um .. I suppose you worry what will happen when you, whereas before you think it just goes on doesn't it."(297)

Awareness of mortality coloured the process of review as several participants expressed an awareness of losses as time moves on and a sense of each lifestage as fleeting and changing. Alison for example expressed surprise at the depth of her sadness at menopause, given that her children had already left home.

"Cos you know you're not building a family home anymore. Just think about yourself differently, it's no longer a family home and that's the hardest thing for me but that's a bit of empty nest syndrome, but it was empty before, that's the weird thing hmm"(381)

No longer *"building a family home"* could in theory release women's energies to build something else and some women spoke of emerging from a tunnel of domesticity at menopause. This appears to link to a menopause narrative as the end of a period of life devoted to motherhood. It appeared from these accounts that the physical changes of menopause can generate a significant shift of focus for women whose attention has been directed on their children's development. Holly described it as *"a time in my life for looking after me"*(14). Diana recounted a similar shift of focus and it appears that this made possible a re-evaluation and change in priorities.

“it has brought me back to myself. ... I think it has made me reassess my reasons for doing certain things and to actually simplify life, try and focus on what’s important”(455).

Participants spoke of wanting to grow, learn, and contribute, and expressed confidence in their abilities. Therefore a question emerged for me from the data - why was menopause not **primarily** spoken of as the herald of a phase of life in which they could fulfil these ambitions, free from the demands of their reproductive body?

The evidence from these interviews suggests that the explanation may lie in the predominance of dismissive social narratives, described in the theoretical code *“not just a frumpy menopausal woman”*. These, in combination with the interpretation of menopause as a reminder of mortality and the passing of time, position menopausal women as *“on the way out”*. For example Evie expressed frustration - it appears that she had sublimated her own goals to conform to expected roles in motherhood and now understands menopause to mean that she is unable fully to pick them up again because of **how she is seen**.

“you’re not actually fulfilling your potential and you accept that while you’re bringing up your kids ... so then you want to do that when your kids are old enough and you’ve got the freedom and you want to do that. And then the menopause comes along and you get all anxious, you start to sag and people think you’re old”(293).

Two participants Holly and Maya, although expressing awareness of negative narratives, did describe the phase of life they were entering as “*a new start*” (Holly, 276), a time of growing confidence, with “*a whole list of things I want to do*”(Maya,369). It is interesting to note that one way in which they differed from the rest of the sample was in working from home and taking on fresh roles which were focussed on older people and on women. Therefore arguably, they were less subject to the dismissive narratives than others.

The women in this study felt a mismatch between what they thought their bodies were telling them and their sense of themselves as “*not old*”. They did not see motherhood as the defining meaning of their lives therefore they did not equate the end of fertility with the end of purpose. In Gina’s words “*being me has always been about more than that, not being, not about being a mother*”(111). However they did feel subject to social narratives about women at menopause becoming less relevant, attractive, vigorous and productive. This was expressed in how they expected to be seen by others and to some extent in how they saw themselves.

They sought to resist these negative narratives but struggled to find the words to create a different postmenopausal narrative. In this extract Maya described how lack of language prevents her from collaborating with other women to create a narrative about life after menopause which reflects her experience and aspirations.

“going from a child-bearing woman to a middle aged whatever you want to call it woman, so that’s another thing, what word do you use. ... I’m trying to say I’m going from a young vibrant person to a middle aged person. You

know people don't want to hear that.... but middle aged woman sounds, isn't what I'd really want to use.

Researcher - because? what image does that conjure up?

Maya - grey, you know, past it you know"(597)

So at menopause women become more aware of the impact of gender on the stories they can write. Participants felt to some extent liberated from the narratives of femininity to which they had been subject as younger women but threatened by stereotypes of older women. Negotiating this paradox to find a way of being in the new lifestage was a greater or lesser challenge depending on the extent to which they felt that they had met their goals in life so far. This process of review was to some extent a bringing back of focus to themselves and a struggle for acceptance that they could not turn back time.

Writing this Chapter

In the context of this process of review, women were constructing an individual narrative making meaning of the changes they were experiencing in the present. So participants both review their past 'selves' and have then to construct a new narrative about their current menopausal 'self' – in a way that feels coherent and maintains a sense of personal integrity. In constructing the narrative of their menopause it seemed that holding onto a sense of identity - I am still me – was important to the participants in the face of what Alison described as "*the big CHANGE, a big change thing*"(386).

We have already seen, in the category *Managing my menopause myself* how the participant's response to menopause was important in maintaining a sense of consistent identity, and considered how their choices were impacted by social factors and cultural discourses. In this category the focus is on the story the women constructed about their menopause and how this linked to maintaining a consistent, positive sense of identity.

Women sought to hold onto a consistent sense of themselves by constructing a narrative about their own menopause which made sense of their experience. They looked for patterns and triggers for effects, tried to understand how menopause was interacting with other life changes, and compared their experience to their expectations and what they knew of other women's experience. It appeared that they shared an assumption that, in Holly's words "*I was expecting it to be bad*"(52). This expectation seemed to be formed because menopause is hidden, unless a woman is experiencing difficulties which she cannot conceal. As a consequence, difficult experiences of menopause are more likely to be visible and participants spoke of knowing little about menopause but knowing of someone who had had a bad time. Therefore even participants who described being significantly impacted by menopause considered that they were 'getting off lightly' and on this basis tended to minimise their experience.

All of the women drew on a biomedical discourse to make sense of their menopause. This had some benefits in that participants used it to regain a feeling of control. It constructed a position of understanding what might be changing in their body and having choices about how to respond. For some women such as Julie the

biomedical discourse appeared to connect with a sense of managing their female biology through links with managing their fertility through the contraceptive pill.

But, as discussed in the literature review, the biomedical discourse presents menopause as an oestrogen deficiency condition, reinforcing the constructed meaning of a transition to a lifestage of decline, and perpetuating an emphasis on women as childbearers. As seen above, these were narratives which the women sought to resist. The biomedical discourse also underpins a terminology of menopause which does not fit the narrative women are trying to write. The biomedical discourse focusses on the point at which fertility ends. Whereas from the point of view of the women it was the experience and meaning of the transition which was significant and began well before periods stopped.

Women also drew on a narrative of menopause as a natural developmental process, consistent with feminist arguments. This enabled them to take a more positive forward-looking approach. For example in Maya's account of accepting that she is changing, there seems to be a concept of growth and development.

"I liked the woman I was when I was 35 and I said to you I wanted to go back to that but actually I've gone back to something different but probably a little bit better, but different, different"(527).

A developmental narrative helped women to resist constructions of menopause as something wrong with them but created a paradox if they found its effects problematic. For example Alison spoke of insisting to her husband that her menopause was " *just normal, IT'S JUST NORMAL , just the menopause. It's normal*"

(228) but it seems that it **felt** to her as though her body was deficient as she also spoke of her body as *“misbehaving yeah bad body”*(155). She seems to be expressing an expectation, based on a medical model of the body, that what is normal and natural should also be unproblematic. Other participants expressed similar thinking in struggling to find ways to say that menopause could need attention without labelling it as an illness.

Women in this sample seemed to be struggling with a paradox. They thought that more attention should be paid to menopause but feared that speaking of menopause as impacting their lives potentially pathologised all women and would be complicit in allowing men to use menopause to *“dismiss women”* (Beth,52) as inherently weak because of their biology. For example in Gina’s words

“well partly it makes me feel, perhaps as women we are vulnerable after all and we’re weak. And I really hate the sense that actually deep down we’re the weaker sex I suppose”(120).

For each woman, an issue in maintaining a positive, coherent sense of herself was the way her individual current experience of menopause may challenge valued aspects of her identity. For example Gina’s description of tiredness suggests that what particularly troubles her is that it does not fit with a valued aspect of her identity as an energetic person.

“some days I’m just so tired and I’ve always been somebody who can get out of bed at 6.30 and jump out of bed”(191).

As Faye spoke about the impact on her appearance, I understood her to be saying that cultural norms equating attractiveness with looking young made it hard for her to continue thinking of herself as a desirable woman.

"I would say, makes you feel (laughs) I suppose, I suppose sometimes it's hard because you see a really dishy young man and they don't look twice at you and you think ouff you know (laughs) and I think oh wake up woman you're 53 not 23"(304).

A strategy used by several of the women to maintain a sense of self was connecting their current experience to the context of their life story. For example, Diana manages to sustain an identity as a successful woman, in the face of feeling diminished by visibly flushing, by reminding herself of her career so far.

"I'm still a female MD at [blank] and still kind of doing things on my own terms there so I, I didn't feel I needed that bio..biological situation to validate myself"(47).

Beth, responding to a question about how she thinks of herself at menopause, appears to be creating continuity by connecting her response to menopause to the values she wants to take into older age.

"I suppose it's that age thing, getting older, thinking about you know death and so on like that. And, which I think is connected to the physical toughness so part of wanting to keep fit is about not being just another frumpy old woman. But also wanting to fight the ravages of old age and not be frail and

not be you know immobile and keep the big world, keep your big world.”(456)

Feeling the strain

The strain of ‘continuing my story while everything changes’ led to many participants describing themselves as becoming more emotional. Some women felt unaffected emotionally but most described anger, frustration or anxiety, although not low mood. In their accounts it seemed that anxiety was produced for some by loss of confidence as they expected to be viewed according to negative narratives of menopausal women, as in Beth’s account of feeling confident in her abilities but simultaneously anxious about her status. For others anxiety was linked to concern that they could not cope with the impact of menopause and the demands of their lives. For example, Julie described herself as

“being a bit anxious not really feeling that I was able to cope with things as I used to be able to cope with them”(56).

Maya linked anger to coping with less sleep.

“it’s perpetual because you get hot and you wake up and you get tired. ... I was getting ratty with my daughter”(31).

Similarly Cathy, who described loss of sleep as a significant impact of menopause, reflected that anger might be impacting her husband.

“probably my temper isn’t as controlled as it would be normally um er, I’m probably, I’m probably more emotional”(147).

Participants spoke of being more emotional as problematic because it conflicted with an idealising narrative of women as *emotionally steady* to fulfil a nurturing role. Maya and Evie both spoke of taking HRT for this reason. In Diana's account it seems that she inherits from this narrative a responsibility to suppress her emotions, in order to be a calm support for her children at puberty.

"So there's been bouncy hormones all over the place so trying to keep, I think I've been more conscious of keeping everything on an even keel here. And knowing that I could very easily set the tone, and not wanting to, just trying to keep everything, the wheels running smoothly. Yeah (sighs) I think that probably was quite tiring(323)."

It appears that she understands her emotions as produced by changing hormones and this account, derived from a biomedical model of menopause, was observed in most interviews. Most participants expressed as *"what people say"* (Holly,223) that women would experience mood disturbances at menopause because of hormone changes. 'Mood swings' and depression were expected. For example Diana spoke about her thoughts when she first recognised that she was menopausal and it seems that her expectation was of being unable to control her emotions and this motivated her to warn her colleagues, attracting negative associations of being difficult.

"all I thought was it's going to be a nightmare, I'm going to have hot flushes and be moody. That's the two things I was expecting so again tackling it head on I did actually talk to [manager] about it and I did tell

everyone on the desk that this was going on and one of the girls on the desk went 'oh god my mum was a right cow for 2 years' "(187).

So there was evidence in these interviews of a narrative of menopausal women as subject to hormonally produced emotional fluctuation positioning the women as unreliable and difficult. However there was also evidence that this narrative has limited potential to empower. For example, Faye considered that women should aim to be "*constant*" (327) but conceded that "*sometimes you can't, biochemically you can't help it*" (335). The narrative of hormonally produced 'mood swings' therefore sanctioned expression of emotions, which would normally be silenced. But at the price of describing women as victims of their biology.

So for example, in the context of work, Diana appears to have been able to become more assertive, as a result of being known to be menopausal. She said her colleagues understood the change in her manner, presumably on the grounds that it was produced by hormones.

"I wrote the email that you normally delete and I sent it if someone wasn't acting the way I expected them to act, I was probably a little bit more open about my thoughts about , you know whether they should have sorted it out or not"(207).

However this study suggests an alternative account of emotion at menopause. Being more emotional at menopause may not be a simple product of hormone changes. For example, in Gina's description of her anger, it appears to be

generated by the struggle to continue her story through bodily changes which she described as *“not treated with substantiveness”*(429).

“the one thing that I feel most of the whole menopause experience so far is how angry I feel. I feel angry that there’s no information, I feel angry that it’s come on with so little understanding of what I should be able to expect, that there’s so little support there”(461).

This suggests another plausible account - that anger and anxiety could be understood as a response to the strain on women of continuing to meet the demands of their lives, while their bodies are changing in a way that they cannot control or predict and to do so without anyone seeing. Moreover to struggle to assert their aims and goals in a social context which, both through the prevalent narratives and the lack of attention to menopause, tells them they are past it.

Chapter 5 - Discussion

Introduction

In this chapter I aim to explore the implications of the grounded theory for understanding how menopause may impact a woman's thinking about herself and her life. I intend to pay particular attention to the predominant social narratives about menopausal women, the maintenance and implications of a social etiquette of keeping menopause hidden and the meaning made of emotional changes. Then I will consider the analysis in light of the discourses discussed in the literature review.

Brief Summary of the Analysis

Each participant gave a unique account of menopause situated in the circumstances of her life. The theory presented here seeks to explain the social processes involved in shaping the meaning they made of menopause and the impact of these meanings for their lives and social roles.

Participants' accounts showed menopause to be prompting an overview of their lives. They were seeking to continue constructing a unique narrative of life while their body and place in the social world shifted and therefore they perceived menopause to be impacting this life story.

Participants spoke of beginning to experience their bodies differently and interpreting this as a sign of menopause, which they understood to mean that their bodies were undergoing a permanent change. They expressed uncertainty about

where they were in this transition and viewed their own body as becoming less predictable and out of control. They described some reduced confidence in their bodies, arising from this uncertainty and from a contrast with how they thought their bodies needed to perform and to look in order to negotiate a successful identity.

All of the women linked menopause with ageing and with a generational shift to being an older woman. It appeared from their accounts that role and status needed to be renegotiated in this new phase of life. They described themselves as working to establish a role and future for themselves and some drew on a narrative of becoming a 'wise woman'. In doing so they were influenced by and seeking to resist dismissive narratives calling into question their relevance, vigour, attractiveness and emotional stability.

Participants spoke of responding to menopause by paying greater attention to their bodies, seeking to alleviate any physical difficulties or reduce visible signs of ageing. They expressed an intention to shape their own response but were impacted by lack of information, power differentials with doctors and available narratives about menopause.

Almost all women spoke of keeping their menopause hidden, particularly in front of men. This was partly to avoid becoming subject to negative social narratives about menopausal women but also a response to social etiquette that menopause is private. This etiquette became an additional pressure requiring women to negotiate the transition without being seen to do so. Therefore a veil was cast over menopause so that women were not seen successfully continuing their lives

through the changes. Therefore negative narratives could survive unchallenged, there was little shared language to communicate about menopause with others and women described entering menopause without the information they needed to understand and respond to their changing bodies.

The struggle to manage their menopause in a way which enabled them to pursue their goals and resist dismissive narratives about menopause appeared to produce emotions of anxiety and anger in many participants.

Overall Category - Continuing my story while everything changes

The overall category in this grounded theory of menopause describes menopause as impacting the women's thinking about themselves in terms of the story of their lives. In this I am drawing on the Italian feminist philosopher Adriana Cavarero's concept of the narratable self (1997/2000). Several aspects of Cavarero's writings seem particularly relevant. Her concept of the narratable self captures the uniqueness of a lived life – this is echoed in the observation that each woman's account of her menopause was unique as a part of her individual story. The narratable self is not authored or planned or necessarily visible in the process but emerges through an ongoing combination of action and response to events. It is grounded in biographical uniqueness in being based on an embodied life born and lived as 'this existence and not another' (p11). The concept of the narratable self is not an innate identity which a person develops and expresses but a story which becomes visible in the view of another, therefore this concept only exists relationally. Cavarero writes about the narratable self as expressing a desire to hear from another 'who' I am rather than 'what' I am. She describes how historically

women have been represented more in terms of the fluctuating 'what' of social roles and socially constructed characteristics, as they have been excluded from the public political stage where their acting can be visible and reveal 'who' they are.

From the accounts of these women we can see menopause impacting the narratable self in a number of ways. Menopause is itself an event met in the unfolding of a woman's life. In these interviews menopause appears as an event arising unplanned and happening in the body or perhaps being enacted by the body on the self. Similarly, the ways in which menopause and older women are construed are events, shaping the emerging story of each woman. Therefore menopause may be experienced as a reminder that a woman's individual story is not under her control as she literally experiences that lack of control within her body. This links with the idea of the body sending a message – telling the woman that she is ageing (Martin, 1987, Cunningham-Burley & Backett-Milburn, 1998).

Menopause functions in the women's conception of their stories as a reminder of the changes brought by the passing of time – that life does not continue as it is for ever and indeed will not continue forever. Therefore menopause appears to call to mind for women thoughts about the story that will emerge from their lives and an awareness of mortality. In Cavarero's writing the narratable self is seen at the end of a life and so is experienced as a question 'what will I or will someone else see?' (p2). Because menopause was understood as marking a boundary between one phase of life and the next, it became a point where women could look back and review their story so far.

Therefore for some women it was a point at which they engaged emotionally with the ending of a period in their life in which they had been raising children – interestingly this was so for some women in the study who still had children at home as well as those whose children had left. This observation, that women review their lives at menopause and are going through a process of adjustment to ageing and the passing of time, is consistent with Neugarten's (1975) description of orientation to time left to live in middle age. She described this as accompanied by increased self-knowledge and realised expertise and this is also present in this study as the women talked about the importance of recognising their achievements and 'knowing myself' in adjusting to menopause.

Menopause also marked a time of looking ahead to the next phase of life and considering how the woman might wish her story to continue. In this I might be accused of playing fast and loose with Cavarero's insistence that the narratable self cannot be authored – however she does concede that it may be posed in the form of a desire, a wish for a particular meaning to emerge from life as it is lived. This opportunity for review was described by some participants as '*bringing me back to myself*'. As menopause became a point for review in life, it was an opportunity to think about what really mattered and some women spoke of making changes as a result, seeing the years after menopause as opportunities to pursue goals that were meaningful to them. In addition the looking ahead led to changes consistent with promoting health and wellbeing into older age.

One aspect of thinking of identity in terms of life story or the narratable self is that an essential part of the concept is that the story or pattern of the life is viewed by

another. Therefore how menopausal and older women are viewed socially is particularly important in understanding how menopause impacts women's thinking about their life story. Cavarero challenges Western philosophical thought, suggesting that seeking to define 'what' Man is produces definitions which in applying to all, at the same time apply to no-one. She draws on the Belgian philosopher and psychoanalyst Luce Irigaray to argue that in Western culture, women are thought about differently from men. They live within a patriarchal symbolic order which embraces the masculine subject - Man - so that women are always thought about, represented and defined from the viewpoint of men. Irigaray (1987/1993) proposes that as a result male bodies, male development and qualities associated culturally with maleness, such as rationality, become established as the norm for adult humans. Women are then seen and thought about in these terms as the same as but less than Man. A social constructionist reading of Cavarero would argue that the roles and narratives available to women in everyday culture shape both her possible ways of acting and how she can be seen and thus the narratable self which can emerge. Therefore in this analysis I focus on the ways in which social processes shape the meanings of menopause for women's life stories and will now turn to how menopausal women are perceived culturally.

How menopausal/post menopausal women are perceived

The impact of menopause on women's thinking about their life story depends on a socially ascribed meaning that it marks the passage from one phase of life to another. This study, in common with other qualitative studies (Hvas & Ganik, 2008, Hunter & O'Dea, 1997, Lindh-Astrand et al, 2007, Martin, 1987, Rubinstein &

Foster, 2012), observed a link made between menopause and ageing in all of the interviews. What is different in this study is that menopause appeared to alter the significance of age. Menopause was not so much linked with the ongoing gradual process of ageing, which all participants acknowledged, but to mark a woman as being moved into an older age group. Therefore at menopause, women understood themselves to be beginning a new phase of life and entering a new age group.

Although some women made a distinction between this age group and what they called 'old-old', it seemed that this phase of life stretched until old age and death. It appears from their accounts that this regime of knowledge about menopause necessitates a renegotiation of relevance and status, which had previously been established.

This raises the question why women at menopause might consider themselves to be entering a new phase of life. On first thought, the answer would seem to be obvious that it is about the end of fertility. However in this sample of women, having no more children was not spoken of as a significant meaning of menopause. It seemed that childbearing was ended according to social expectations of the age at which women have children, rather than by menopause. Almost all spoke of deciding several years previously that they would not have more, or any, children, on the basis of age rather than menopausal signs, and this is consistent with other writings (O'Driscoll & Mercer, 2015).

All but one of these women were working, running businesses or seeking employment. Some were in very senior roles. None of them were considering having a child. For two of the women, the menopause coincided approximately

with children leaving home but one had older children already independent at menopause, 7 still had school age children living at home and one did not have children. Therefore there is no inevitability that they should regard the cessation of periods as marking a shift to a new phase of life. However the findings of this study indicate that they did understand menopause in this way, and I would argue that this arises from a cultural narrative associated with social valuing of women according to procreation (Irigaray, 1987/1993) regardless of their individual circumstances. Women's creativity in reproduction appears to still be valued above other forms of productivity, in a manner which differs from men.

This meaning made of menopause made possible some fresh opportunities for the women. Some expressed a sense of liberation from a phase of life in which social expectation required women to subordinate self-expression to motherhood (O'Grady, 2005). They celebrated an opportunity to return to other goals – *'this is a time for me'*. There were also echoes of the nineteenth century valuing of post-menopausal woman as someone who has successfully negotiated motherhood (Barbre, 1993) as described in the literature review. This created the opportunity of a new voice, of the *'wise woman'* speaking with the authority of experience. Several of the participants drew on this narrative and the possibility it opened of taking on supportive mentoring roles for younger people. Some said they had read about it in descriptions of life after menopause. However the *'wise woman'* narrative can also be restrictive and women do not necessarily wish to act by mentoring others rather than through pursuing their own goals. Flint (1975) suggests that variations in the status accorded to older women in a culture may account for differences in

reporting of symptoms. It is interesting to note that in this study the '*wise woman*' narrative was expressed similarly by women regardless of race or country of upbringing, suggesting that it may be a more universal narrative.

Therefore, having seen that menopause is socially constructed to mean passage to a new phase of life, the question that remains is why participants did not **primarily** speak of this in positive developmental terms as the beginning of new opportunities and roles. The answer appears to lie in the expectation and experience, widespread in the data, of becoming subject to dismissive narratives in the new phase of life.

There seemed to be two aspects to this, firstly relating to health and vigour and secondly to how menopausal women are viewed by others. There was evidence in the data of an assumption that menopause heralded a period of declining health.

Although this had prompted beneficial lifestyle changes which women valued, some also commented that they detected this assumption in a lack of priority given to the health of women in mid-life – as though problems were inevitable and should be accepted because they were '*winding down*'. Could this reflect a lingering effect of an earlier understanding of the primary purpose of women's bodies as reproductive?

Furthermore, women were aware of derogatory narratives about menopausal women which they sought to resist. These were summed up in the phrase '*just another frumpy menopausal woman*'. As a result, women understood their career success and new life adventures to be in contrast to social expectations for this new phase of life. Some feared being treated as '*past it*' or '*on the way out*'. If women are '*on the way out*' once they cease to ovulate then the prime meaning of

women's lives is being positioned as potential childbearing, regardless of whether they are contemplating pregnancy.

Some evidence relevant to this narrative arose in the recruitment process. While using social media to recruit participants, I was sent two messages independently, attaching the cartoon shown in figure 5.1. The senders were unknown to each other and from different parts of the UK, suggesting that the cartoon is in wide circulation. The unpleasant image presents menopausal women as unattractive and unreliable and is perhaps illustrative of the type of narrative of which the participants were aware. It certainly resonates with the expectation that being seen to be in the next phase of life attracts derogatory narratives. However, I do not know that participants had seen this particular image, although I was aware of it during the analysis.

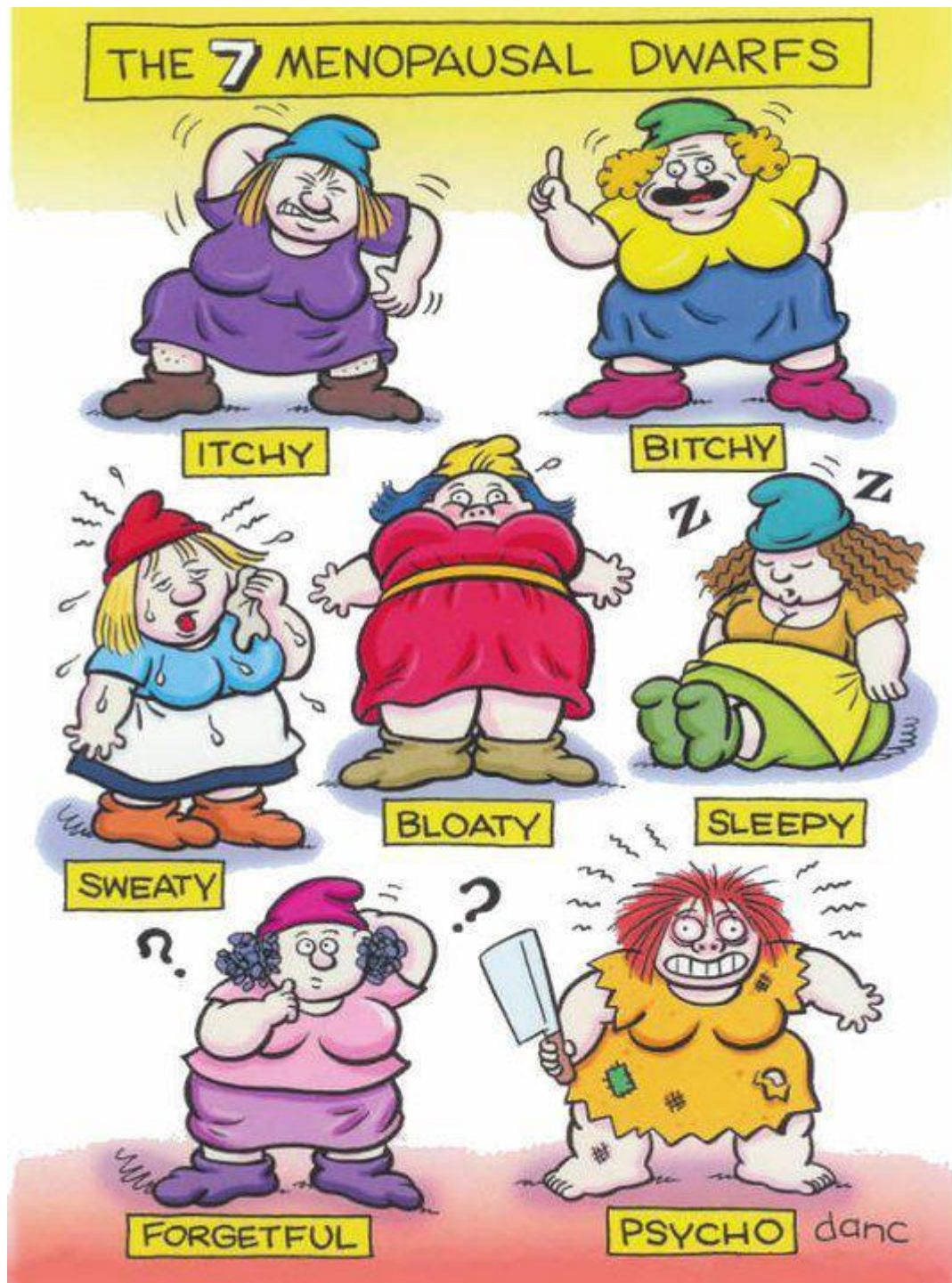


Figure 5.1 Menopause Cartoon Circulating on Social Media During Recruitment for the Current Study

Although some participants found the physical changes of menopause, especially flushes, unsettling and requiring accommodation, many considered this manageable. What was more threatening to the women's identity was these associated meanings which called into question their relevance, attractiveness and reliability. These were consistent with Zita's 1993 description of "a culturally constructed life-precipice that terrorises women with the loss of prestige, status, visibility and value during the last quarter century of female life" (p67). The findings of this study suggest that, although there has been an increase in participation of women over 50 in the workforce since 1993 (Office for National Statistics, 2013), the narrative persists that menopause marks the beginning of a loss of status and value.

This is absolutely not to say that the women in this study perceived themselves to be weak, irrelevant or 'past it'. They were healthy women in their early 50s, who described themselves as confident in their abilities, as having goals and ambitions in life. However, they experienced a tension between their experience of their body and sense of themselves, and the socially available regimes of knowledge about menopause – between the 'who' they desire to be and the 'what' of the overlaying social narratives (Cavarero, 1997/2000). The negative narratives became relevant in how the women interpreted changes in their bodies and in how they expected to be seen by others. Women described feeling to some extent diminished by the physical experience of menopause, particularly hot flushes and tiredness following disturbed sleep. For some but not all women, depending on their circumstances,

these were problematic in themselves. However they also challenged the women's resistance to diminishing narratives, leading Gina for example to wonder "*perhaps we are the weaker sex*" (128). Several women described questioning whether their body was telling them at menopause that they need to slow up or scale down their ambitions. Women described successfully negotiating menopause as a process of adaptation but it was not always clear how much they were adapting to actual bodily changes or interpretations of those changes based on constructions of menopause as beginning a process of decline.

So we can see that the participants' thinking about themselves draws on a cultural narrative of menopause as a transition to a new phase of life. I have argued that this narrative derives from a valuing of women's creativity primarily as childbearing. It appears that they were negotiating an increased tension between 'what' they were seen to be by others as a menopausal woman and 'who' they felt themselves to be (Cavarero, 1997/2000). If 'what' has been defined, in these accounts as entering a new life phase associated with decline, loss of relevance and attractiveness or as emerging from a tunnel of motherhood with wisdom to share, then 'who' a menopausal woman is has been excluded and cannot be known. In order to continue their life story, they perceived the necessity of holding onto their individuality, status and value in this phase of life and avoiding becoming subject to the dismissive narratives. This was evident in a concern with the impact of menopause on how they were **seen**.

How menopausal women are seen – attractiveness

In this study the impact of menopause on appearance was more prominent in the data than reported in other studies (Hunter & O'Dea, 1997, Hvas & Gannik, 2008) and this appears to confirm the findings of Rubenstein & Foster (2012).

Concerns about appearance were expressed in two main areas, the impact of flushes on appearance and the body changing visibly at menopause. Some women were concerned with looking red and sweaty in public during a flush. To some extent, this related to being seen to be menopausal and attracting the derogatory narratives described above. However the impact of flushes on appearance was of concern whether or not it 'outed' (Young, 2005) the woman as menopausal.

Women feared being seen as red and sweaty in public particularly in situations where they wished to be seen as performing well. These thoughts were similar to those observed in studies exploring cognitive models of social anxiety (Hirsch et al, 2004). Martin (1987) also linked flushes with embarrassment, contrasting looking hot and sweaty with the characteristics of coolness and rationality which are generally associated with power.

Women also spoke of menopause as potentially changing their appearance. This concern was particularly linked with looking older. For example almost all participants mentioned dyeing hair in their account of responding to menopause, even though menopause is not known as a cause of grey hair. Concern about looking older and being less attractive and becoming invisible was similar to Rubenstein and Foster's interview data. It is a tangible sign to the woman, which may also be visible to others, that she is entering a life stage associated with being

old (Rubenstein and Foster, 2012). At menopause, women experience a gendered change in social age. The concept of social age encompasses age norms such as expected attitudes and behaviour and is socially constructed from ideologies which are resistant to change (Arber & Ginn, 1995). The separation of self from body seen in this study, with the body acknowledged to be ageing and the 'self' conceptualised as remaining the same, has been observed in other studies of midlife (Fairhurst, 1998). Physical appearance represents a threat to this concept of the 'self', in that others may respond to you in line with the appearance of an older person rather than to the 'you' that you feel you are. This was expressed for example in Evie's concern that she would be seen as older and expected to behave as older and also might be unsuccessful in applying for jobs.

Bodily changes at menopause may challenge a woman's status by making it harder for her to conform to socially desirable images. As has been noted in other research, the body does change at menopause in ways which affect how it is seen. In particular, body shape and the appearance of the skin change (Conboy, 2001, Papalia, 2007). In the context of a society which values youthfulness and slimness in images of successful women, including middle aged women (Bessenoff & Del Priore, 2007, Chrisler & Ghiz, 1993, Tiggeman, 2004) these changes may be challenging. There was evidence of this in the current study, not only in how women spoke about appearance, but also in what they selected to include as important. For example almost all interviews included concern about weight gain around the waist. The participants were not overweight and so I infer that this concern related to conforming to socially desirable images of slimness rather than to health. In

addition, the emphasis on retaining youthful appearance may contribute to alienation from ageing bodies which may explain why several of the participants described menopause as an unanticipated shock.

Orbach (2009) suggests that there has been a recent change in the relationship to the body so that it is increasingly seen as a project to be worked on and perfected. Therefore we not only act in the world through the body, but the body is in itself an achievement by which we may be judged. This resonates with the tendency for women to be judged and to judge themselves as equivalent to their bodies (Chrisler & Gris, 1993) according to feminine beauty standards of youth and slenderness (Bartky, 1999). The more recent availability of aesthetic anti-ageing technology may extend into older age the pressure of disciplinary practices of femininity aimed at conformity with an idealised image (Brooks, 2010). Menopause thus becomes challenging as a bodily process which cannot easily be controlled.

The current study suggests a link between concern about being seen and loss of control over the body, in the sub-category *'it feels like my body has been taken over by aliens'*. Women spoke about the inevitability of menopause changing their appearance, not being able to predict or prevent looking pink and sweaty during a flush, not being able to stop skin sagging, finding it harder to look slim. Menopausal women are performing femininity within a discourse which requires them to keep tight control over their reproductive body and its appearance (Ussher, 2006). The extent to which women have adopted a strategy to control their bodies and seek to conform to socially valued appearance, may lead menopause to represent a threat to their way of being in the world (Rubinstein & Foster, 2012). Some participants

described a loss of confidence at menopause, which they found hard to understand, as they felt secure in their professional and social skills and experience and this is consistent with quantitative studies which have found an association between appearance-related menopausal attitudes and body esteem (McKinley & Lyon, 2008).

Similar to other studies, interviewees expressed ambivalence, with negative views about menopause coexisting with positive statements about this lifestage as the beginning of something new. Some of this ambivalence is located in the body and how it is seen. Women described thinking of themselves as experienced, skilled, having greater self-awareness than at earlier points in their lives, having goals to develop, grow and contribute and an easing of family responsibilities making this possible. And yet the changes in their appearance evoked, both in society and in themselves, contrasting narratives of being 'past it', undesirable, irrelevant. This produced a disconnection 'I don't feel old but my body tells me I am' and a fight to resist 'giving in'. Similarly Hvas (2006) and Lindh-Astrand et al, (2007) found positive statements about ageing by menopausal age women, mainly linked to greater freedom and increased confidence, coexisted with negative expectations of growing old and negative experiences of bodily changes and loss of youthful attractiveness.

In the past 30 years, as noted in the introduction, women's lives have changed in ways which define women less in terms of fertility and open greater opportunities for fulfilment and meaning besides motherhood. Several participants alluded to this, stating that they had not defined their identity in terms of fertility or seen

motherhood as their primary goal. One might therefore have expected that menopause would have become a less significant event in women's lives, perhaps viewed more positively as an end to the inconvenience of menstruation. The interview data presented in this study does not support this idea – even those women who were able to view their menopause as successfully negotiated were aware of it as a significant physical and social challenge. It seems that the increasing emphasis on thinness and youthful appearance for women in Western society (Sypeck et al, 2004) may be one factor in explaining why some women continue to find menopause difficult.

Keeping it hidden

There was among the women an awareness, which they did not fully understand, of menopause as a phenomenon which must be kept hidden. Sometimes they were more aware of this in others than themselves, suggestive of a position which is so taken for granted it is difficult to think about. This is described in the category 'keeping it hidden' and was more prominent in this study than in other research, in both the interviews and recruitment process. Hunter and O'Dea (1997) described a theme of menopause as an unspoken taboo to avoid through HRT or keeping too busy to attend to it. Therefore in their study the taboo referred to an individual woman's relationship to her own menopause. However, this study looked at keeping menopause hidden more broadly as a social process. Formanek (1988) has alluded to the outcome of this social convention, in describing how the individuality of women's physical experience of menopause, and its meanings for her in her

particular situation have not been spoken about, allowing medical and psychological generalisations to be accepted.

I became aware of the hidden nature of menopause during recruitment to the study. Menopause is universal in the lives of women at midlife and so there are large numbers of women currently experiencing it. However there was no obvious way of identifying them to invite participation in the study. Using snowball sampling I realised that women, including myself, did not generally know who among their acquaintance was currently experiencing menopause. This was echoed in the accounts of some women that they did not know where to go to find out about others' experiences, in order to help understand what to expect themselves.

'Keeping menopause hidden' manifested in participants' accounts in a number of ways. Women generally did not speak about their menopause other than within a small peer group of close female friends and relatives. They did not share in detail with their partners. The etiquette that menopause must not be seen placed an additional pressure on women both to continue in their lives as though their bodies were not changing and to seek to regulate their bodies so that menopause did not become visible. Although this is a small study and so nothing can be said about statistical significance, it was noticeable that the more a participant's work and goals involved engagement outside the home and their peer group, the more challenging they found menopause both in terms of being subject to negative stereotypes and lacking flexibility to manage symptoms. This may be explained by the additional pressure arising from the etiquette to keep menopause hidden.

To some extent, hiding menopausal status was a strategy to avoid the negative narratives described above. However it also seemed to express compliance with social etiquette that menopause should be kept private. Some women sought to challenge this by being open about their own menopause but even they spoke of feeling embarrassed, for example when flushing in public. In 1993 Callaghan, introducing a collection of essays on menopause, wrote that women possessed little accurate information, stereotyped menopausal images were widespread and that women had limited discussion with their mothers because of a shared reluctance to talk about menopause. The findings of this study would suggest that little has changed. Writing 30 years ago Gold (1985) described how the hidden nature of menopause affected women's experience. "Women have dreaded menopause and have often managed their concerns about it by silence, which has made sharing experiences, as well as obtaining information and support more difficult." (p89). There was evidence of denial in this study, expressed in interviews as resistance to thinking or speaking of menopause beforehand. However, Gold does not address how the hidden nature of menopause may **form** rather than result from any dread women may feel. The researcher finds more convincing accounts of the hidden nature of menopause in social processes as described below.

The Bulgarian/French philosopher, psychoanalyst and literary critic Julia Kristeva's (1982) concept of abjection has been used to discuss feelings of shame associated with menstruation and menopause (Ussher, 2006). The process of abjection she describes is a rejection of that which impinges on the sense of self. These taboos

are separated off outside the symbolic order and produce revulsion or disgust if confronted. For example she argues that horror of contact with a corpse is rooted in abjection because the body was once animate and now is not. She suggests that from early development it is necessary to treat the maternal body as abject in order to develop an individual separate identity. This abjection of female fleshiness may continue for example in taboos around menstruation (Ussher, 1989, Young, 2005). Menopause with its association with the body of the mother and also with ageing flesh is arguably then doubly abject leading to the marginalisation of menopausal bodies.

Kristeva's concept of abjection as it applies to bodily discharges and ageing flesh is clearly relevant and may in part explain the taboo of menopause as linked to ageing flesh. However I read her position on the female body as essentialist, as she roots it in early preverbal developmental processes. It also does not fully fit this data, in that the women expressed some revulsion at their ageing bodies but not at menstruation. From a social constructionist position I note that women in the West live in a society which is normatively male (Irigaray, 1987/1993) and in order to claim equality must conceal their menstruation, which deviates from this constructed standard of normality (Laws, 1990, Young, 2005). I would argue that the etiquette constraining women to hide their menopause is also socially constructed. I view the data from a feminist perspective, seeing men as the dominant group and therefore their ideas as likely to form the knowledge and rules about menopause which women tacitly communicate to each other and live by. Laws (1990) observed that menstruation was seen by men as characterising

women, therefore the menstrual etiquette that women should behave before men as though menstrual cycles do not occur, serves to put women in their place. It would appear that the social rules observed in this study that menopause be hidden, except from other menopausal women, is an extension of the same social phenomenon. If this is so, it may be that in future, women who have lived most of their adult lives with for example sanitary products advertised on television, will become more able to speak openly about menopause.

Similarly to menstruation, the etiquette could be broken in a limited way within an intimate relationship with a man and with other menopausal women. Women were far more aware of pressure not to be seen as menopausal in work and social contexts where men were present. Participants who worked in environments where men formed the majority were the group most aware of needing to keep menopause hidden and the most concerned about its impact on their status.

It was possible in the study to explore some of the ways in which this social etiquette was negotiated and reinforced. Participants described the social process of using humour to refer obliquely to menopausal symptoms to indicate a willingness to speak, thereby conforming to the hidden etiquette and simultaneously establishing a peer group of women within which it did not apply. Participants spoke of close female friends as most important in negotiating menopause and this resonates with Caverero's (1997/2000) account of friendship between women as a context in which they narrate for one another the 'who' of their lives.

In contrast to other studies (Hvas & Gannik, 2008), this peer group was described as more important than mothers as a source of information about menopause. This may be because of the view, expressed by some, that women's lives had changed so extensively in their generation that their mother's experience was not relevant. However it seems likely to arise from the etiquette of keeping it hidden – many participants knew little or nothing of their mother's menopause and those with some awareness appeared to view it through the lens of negative stereotypes. Interviewees expressed the view that menopause was more openly spoken about than in their mother's generation. However this may not be the case, as disclosure about menopause was limited outside the closed peer group. For example, women did not share in depth with their daughters, expressing a sense of not wanting to overshadow their emerging womanhood with talk of menopause. In this way the 'keep it hidden' etiquette is being passed down the generations and it seems plausible that these young women may in due course experience a similar menopause to their grandmothers.

The social practice of hiding menopause matters, because it increases the uncertainty about what is happening in the body, and creates space for negative expectations to shape the meanings attached to the change. It allows menopause to continue unattended both by services and by women themselves so undermining women's managing and it allows the negative narratives to persist.

At an individual level, the social etiquette increases pressure on women at menopause and reduces room to manoeuvre in response, if a constraint is that menopause must not be seen. For example, Beth described feeling distracted in

meetings by becoming very hot but also by thoughts that she did not want to be seen by the men in the room as a menopausal woman. This would mean that the simple strategy of opening a window, both to cool down and to give herself time to refocus her thoughts may not be an option for her. The menopausal etiquette requires women to negotiate through menopause, fulfilling their roles as though it is not happening and to do so without the effort being visible. The etiquette is also isolating. Many women do not experience menopause as a problem. However for those who are troubled, the limited presence of menopause in conversation and the media leaves them with little idea whether others share their experience and no common language to communicate their experience to others. In this way it ensures that problems at menopause remain firmly located within the individual woman and social expectations and predominant narratives remain unseen.

This etiquette is another example of women being silenced and their normal shared experience hidden. This perpetuates the definition of 'normal' adult according to the experience of men and so that which is characteristically female can be understood as weak or in some way aberrant (Irigaray, 1987/1993). The social etiquette of keeping menopause hidden creates a space in which the dismissive social narratives can thrive unchallenged. In a circular process, menopausal women hide their status to avoid becoming subject to the dismissive narratives. Therefore, vigorous, effective, attractive menopausal women able to counter these dismissive narratives are less likely to be seen. This is one factor in the lack of inspiring role models which participants described. Equally, I would argue that potential role models may go unrecognised because they are dynamic, attractive and productive

and therefore do not resemble the stereotype of '*frumpy menopausal woman*'.

Therefore I would argue that the narrative summarised as '*just another frumpy menopausal woman*' further excludes women at this stage of life from the political space where their narratable self could be viewed in their actions.

Similarly, the social practice of keeping menopause hidden maintains negative expectations. It is likely that only those women who have a very difficult time will be unable to conceal their menopause. Therefore negative experiences will predominate in shared social knowledge and unproblematic menopause pass unseen. In this way negative expectations such as ill health and 'mood swings' can thrive. This may account for the observation that most women in the sample expected menopause to be more difficult than it was. In particular they expected emotional turbulence and most knew of someone who had had a difficult time or become depressed.

Furthermore, as described above, the hidden nature of menopause leaves women lacking in knowledge about what to expect and what other women experience at and after menopause. Several women in this study described uncertainty about what was happening in their bodies and beginning menopause knowing very little about it. This uncertainty is not inevitable but a function of lack of knowledge, as illustrated by Faye who attributed "*sailing through*" to her professional knowledge as she "*knew what was happening*". Menopause is a universal developmental event in the lives of women and in this sample had occurred at an age close to the average. Some degree of individual variation and therefore uncertainty is inherent in any biological process. However the extent of uncertainty observed in this study

is socially constructed as a result of the lack of priority given to equipping women with knowledge about their bodies and etiquette that female bodily functions are kept very private.

One potential source of knowledge would be the experience of other women but interviewees did not have this resource to draw on, as menopause is not widely spoken about. Women are undermined in their aim of managing their menopause themselves by the lack of knowledge which arises from this social etiquette (Gold, 1985). Because of the hidden nature of menopause and lack of insight into what was happening in their bodies, women were making life changes and treatment decisions on the basis of inadequate information. They were not sure to what extent their experience was due to the menopause transition or how long it would last. This affects how they read their bodily experience. There was evidence in the interviews that women are more likely to interpret the bodily experience of menopause as signs of decline. This particularly seemed to apply to tiredness which was spoken of by almost all participants. In this way the socially constructed narrative of menopausal woman as '*on the way out*' can seem to be a biological reality. This could lead women to scale down their lives in ways they would not have done had they expected to regain their energy. For example, Gina spoke of considering that she might wind down her consultancy work because "*If I knew that in 2 years' time I'd wake up and feel like I've got tons of energy again that would be great but I don't.*"

So we can see that the etiquette of keeping menopause hidden is disadvantageous to menopausal women in many ways. Therefore the question remains what social

purpose does it serve? I would argue that it reinforces the dominance of men, particularly in the workplace. A similar combination of etiquette and negative narratives, about premenstrual tension, can be seen relating to menstruation (Laws, 1990, Young, 2005). I would understand the etiquette surrounding menopause as an extension of this and similarly functioning to put women in their place. The dismissive narratives and negative expectations position women as irrelevant, unattractive and unreliable at a time when they are emerging from the limitations applied to them by the social construction of 'mothering' and would be in a strengthening position to compete with men.

Becoming aware of gender

Menopause appeared to be a time when the women in this study became more aware of the impact of gender narratives on the story which could emerge from their life. Menopause is a biological event producing physical changes in the body but the meanings attributed to it are cultural and so perceptions of menopause are embedded in and reveal social narratives about womanhood, ageing and health (Barbre, 1993). Therefore it is not surprising to observe that at menopause individual women become more aware of the ways in which available narratives about women impact their individual story.

Participants seemed to become more conscious of being women in that at menopause they were reminded of their female body. They were aware that they were experiencing a bodily change which was in some ways making their life more difficult and which had no equivalent in male bodies. Some expressed frustration, that they had thought they were at an end of the demands of female biology and

felt they had *done enough for womanhood* (Gina, 93). In becoming aware of dismissive narratives applied to menopausal and older women (Rostovsky & Travis Brown, 1999) they feared that menopause would mark them as being too old and so limit the extent that they could fulfil their goals in life. They were aware of inequality with men in that they perceived that signs of ageing in men at midlife, whilst they could make them subject to discrimination, would more usually enhance their status as signifiers of successful experience.

Gender narratives also became significant in that at menopause, the implications of earlier reproductive choices for their goals in life were reviewed. Several participants used the phrase 'coming through/out of a tunnel' to describe emerging from years in which they had prioritised the needs of children. These interviews were consistent with the observation of others that taken for granted knowledge about women is that they are nurturing (O'Grady, 2005) and this discourse produces social roles in which women shoulder the largest part of domestic and childcare responsibilities (Fox, 1998) and that mid-life can be a time of increasing freedom from this position (Ussher, 2006). Some participants seemed to become more aware at menopause of the implications of choices and priorities, which had been shaped without their awareness by the pressure to prioritise this maternal role. They spoke of their menopausal body pulling their attention back to their own development but also reminding them that they may not have opportunities to return to that which they had set aside – partly through increased awareness of mortality but primarily as a result of the prevailing negative narratives about women at and after menopause. This is illustrated in Evie's reflection '*I kind of put*

my life on hold.....and now I'm coming out the other end. And I'm too old.' Thus for some women in this study, menopause appeared to be a time of increased tension with gender narratives.

Emotion – Feeling the Strain

Most of the women spoke of emotional changes at menopause and described themselves as becoming more emotional. They did not describe low mood but feeling more anxious, irritable, angry and frustrated. Links between emotion and circumstances in their lives could be recognised in all of the accounts. The emotions described were highly varied but most appeared to relate to menopause. For example disturbed sleep leading to tiredness and less patience or worries about being able to cope; anxiety about menopause becoming visible and being treated differently at work; frustration at trying to continue as though menopause wasn't happening; anger at encountering assumptions that menopausal women are 'on the way out'. Some also linked to menopause emotional reactions, for example to the behaviour of a colleague, which they would previously have suppressed. Therefore we can see that the emotional experience was very individual but what the women had in common was an understanding of emotion at menopause as produced by hormone changes.

This understanding is drawn from the biomedical discourse as described in the literature review. It appears that the account of women as subject to hormonally produced 'mood swings' at menopause persists and it was present in all the interviews with white women. Women described having little knowledge of menopause beforehand but this was part of their taken-for-granted knowledge.

This positions women as inherently weak, at the mercy of their biology and unreliable, as has been observed relating to menstruation (Ussher, 1987, Laws, 1990). Irigaray (1987/1993) writes about rationality being associated with the thinking of men leading women's emotion to be positioned as irrational. Bleier (1984) for example argues that cultural narratives about women are often presented as facts, such as of women as physically and emotionally diminished by the menstrual cycle and thus subordinate to or weaker than men. In popular culture and in everyday life women's emotions, especially anger, are dismissed and silenced (by men) through attribution to hormones, for example 'it's her time of the month' (Chrisler, 2008, Young, 2005). At menopause, women are no longer subject to the suggestion that they are frail or unfocussed because of menstruation or their (potential) role as mothers. Therefore the persistent labelling of menopausal women as emotionally unstable due to hormone fluctuations serves as a means for the dominant male group to reinforce their power. This is similar to, and maybe an extension of, Laws (1990) finding that premenstrual tension was one aspect of menstruation which could be spoken of and which serves to maintain male dominance by constructing women as unstable. That is not to say that the women in this sample thought of themselves as emotionally unstable or less rational than men, but that emotion experienced at menopause called to mind this account of women's emotion and undermined their confidence.

I would argue that the emotion described by these women could be understood as a normal response to their experience and its meanings for them – women are angry for reasons, women are anxious for reasons. A possible understanding would

be as communications from the body and symptoms of menopause such as emotion and tiredness are a text about the social conditions of mid-life women, and the disparity with which men have opportunities to acquire status and power in middle age, whilst women who are seen to be middle aged tend to be diminished and overlooked. This requires a social rather than a medical prescription. Therefore I suggest that these emotions need to be heard. However the hormonal discourse about emotion leaves women powerless and with no space to attend to or express their feelings - because to do so lends weight to positioning women as inherently unstable because of their femaleness.

Women spoke of finding emotional changes problematic because of an expectation that women should control or suppress emotion, particularly anger (Chrisler, 2008). Several participants spoke of needing to be emotionally stable for the sake of children, partner or work colleagues. They saw menopause as a threat to their ability to manage their emotions in this way and two women were taking HRT for this reason. This is reminiscent of Hochschild's concept of emotional labour (1983) which occurs when an emotion is modified to conform to an idealised feeling, produced by cultural rules. It would appear that menopause may be a time of increased emotional labour for some women, in order to conform to idealised representations of femininity in which women self-silence their emotions, to be emotionally nurturing for others (O'Grady, 2005, Duarte & Thomson, 1999). Calm rationality tends to be associated with discourses of masculinity (Martin, 1987, Irigaray, 1987/1993) and Hochschild observed that a quality prized in leaders was ability to contain emotion. Therefore a woman who feels more emotional at

menopause may feel a mismatch between her private experience and socially constructed images of, for example, a successful senior manager.

On the other hand, the understanding that hormone changes produce emotion seemed to be useful for some women. During some interviews I had the impression that the woman was seeking evidence to attribute her feelings to hormonal 'imbalances'. This allowed her to dissociate from feelings she did not wish to own. Menopause also potentially legitimised expression of emotion and menopausal women were seen as potentially powerful for this reason. For example one participant '*sent the email I would usually delete*' to a colleague who had been unreasonable and expressing her anger in this way was a part of adjusting her work-life balance to accommodate menopause. In a similar way it has been suggested that self-diagnosis with premenstrual tension may enable a woman to express socially proscribed thoughts and emotions (Laws, 1990, Chrisler & Caplan, 2002, Ussher, 2004).

Consideration of the main menopause discourses identified in the literature review

Similarly with other studies, the biomedical discourse was the predominant means of making sense of menopause (Dickson, 1990, Hvas & Ganik, 2008, Hunter & O'Dea, 1997, Lindh-Astrand et al, 2007). Women understood their experience in terms of reduced oestrogen but they resisted the idea that it was an illness which would diminish them and wished to convey a message that menopause need not be limiting. Although women understood menopause in terms of the biomedical

discourse, they positioned themselves as managing their menopause themselves rather than perceiving themselves to be victims of their biology. The women were seeking to modify the experience or the physical impact to some extent through lifestyle changes, supplements or treatments. This may represent a cultural shift in relationship to our bodies to seeing ourselves as health consumers with a responsibility to look after our bodies. The emphasis on exercise would be consistent with Orbach's 2009 description of bodies as increasingly becoming a personal project to polish and refine to an ideal. The study observed a vein of frustration and anger that, both at a societal level of allocation of resources and in the individual relationship with services, there was a mismatch between available information and support and women's aspirations to manage their menopause in a way of their choosing and so that the next lifestage was one of continuing valued contribution, rather than managed decline.

The feminist sociocultural discourse, described in the literature review, of menopause as a natural developmental process made problematic by the conditions of women's lives, was also present in interviews. This made possible an increased focus on participants' own growth and aspirations. They described this development in terms of a normal biological change with much less consideration of psychological development. There was some resistance to considering psychological issues which were equated with depression and "mood swings" which they both feared and anticipated at menopause. However the use of the feminist sociocultural discourse was partial. Menopause was claimed as normal development but there was less evidence of awareness and challenge of social

factors and cultural narratives, which might have formed an understanding that menopause could be experienced differently. This tended to limit the feminist challenge to the idea of menopause as an illness, leaving a biological essentialism of menopause as a natural experience to embrace. Some women showed an awareness of this limitation in raising the idea of embracing natural menopause either to dismiss it *'why would I want to do that?'* or question it *'how much is it reasonable to expect a woman to put up with?'*

These two positions left little space for the women's voices calling for greater attention to be paid to menopause and challenging the etiquette that it must be kept hidden. The women seemed to be aware that if they reclaimed menopause as a significant passage in the life of a woman, they risked positioning women as weak on grounds of biology and attracting the predominant dismissive narratives about menopausal women. This dilemma is visible for example in Evie's reflective closing comments.

'I think it's really hidden, and it should be taken more seriously really, but I don't know how. I, I suppose men should know more about it....um.....but it's not an illness, but it does make things more difficult'.

Therefore in a reinforcing cycle, the etiquette of keeping menopause hidden which, as we have seen allows dismissive narratives to thrive, is maintained and hard to challenge. In order to permit women to continue their story and avoid the diminishing biomedical discourse, it appears necessary for menopause to be thought and spoken of as 'nothing much' or to be made 'nothing much' by treatment. In this way an aspect of women's usual life experience is kept out of

social view. This can result for individual women in an alienation from their bodily experience.

So again we can see in these accounts a tension between the 'what' and the 'who' (Cavarero, 1997/2000) as blanketing menopause narratives obscure the experience of individual women. Neither of these discourses was giving women a language which fit well to describe their experience and enabled them to challenge the status quo. In particular, women spoke of not having role models or language to draw on to construct a positive next phase of life. It seems to me that the 3rd wave feminist critique, described in the literature review, would have something to offer here in constructing menopause as an individual product for each woman of biological, social and cultural factors. However I did not see evidence in these interviews that this thinking has permeated beyond academic writing.

Chapter 6 - Reflections on the study

Critique of the study

This is a qualitative study and so presenting one possible account of menopause. No claims can be made about generalisation. However it is relevant to ask whether the sample appears useful for Counselling Psychologists to gain insight into how menopause might affect women's thinking about themselves. The women's accounts of menopause do not seem unusual compared with the accounts from quantitative studies (McKinlay et al, 1992, Holte, 1992, Hunter, 1992). This study adds to the quantitative research in showing how social processes, including discourses about menopause, the available narratives relating to older women and the social etiquette of keeping menopause hidden, are a part of forming menopause experience.

In a Grounded Theory study such as this, the aim is to recruit a sample of sufficient variety to make social processes visible. Identifying women for the sample was difficult and so theoretical sampling was not possible as much as I had intended. There was adequate variety in this sample in employment and parenting but no variety in sexuality or relationship status and this is a limitation of the study. I actively sought lesbian participants, both through the snowball sampling and sending recruitment posters to relevant networks and helplines. I did receive informal feedback from one organisation that they did not see menopause as a research priority. One of the participants, Lisa, was not menopausal. She was interviewed in her role running a women's support service, in order to explore the

lack of information described by previous participants. Therefore her interview cannot be understood as an account of women's identity at menopause but did provide evidence of how menopause narratives, and practices of keeping menopause hidden, led to lack of provision of services. Although the sample size is consistent with published Grounded Theory studies, the study is small, because of the time constraints of the practitioner doctorate. The final interview did not generate new focussed codes. However, I am hesitant to claim theoretical saturation because this could be an artefact of insufficient variation in the sample. But I can state that the sample size was sufficient to generate a theory which made convincing sense of all the data (Morse, 1995).

Half of the participants were graduates and all but one were living with a partner who was earning. This would suggest that they may face less financial constraints than many women and be more in a position to make choices about their future and their response to menopause. Indeed this may be expressed in their capacity to give 90 minutes of time to a research project. Other studies have reported association between class/ years in education and reporting problematic flushes (Mishra & Kuh, 2012). Similarly, because of the recruitment method, the participants were well connected to a group of women friends, which has also been shown to be important for wellbeing at menopause (McQuaide, 1998). Therefore arguably this sample was a group of women more likely to be able to resist negative discourses and make choices about their lives.

There were fewer differences between the white British and Asian women in the sample than might have been expected from cross-cultural studies and fewer than

the Asian participants expected. One difference was that the Asian women spoke about menopause less in terms of emotional upheaval. This may reflect a cultural preference for discussing biological rather than psychological phenomena, as suggested by Lisa. One of the findings of this study is that menopause experience is highly individual and that one of the challenges for women is to develop their individual story in the face of enveloping generalisations about menopausal women. In order to say anything meaningful about cultural differences it would be necessary to recruit and analyse to theoretical saturation separately from both cultures.

During the analysis, I became aware that it would have been useful to understand more about how the women thought about their bodies. If I was planning the study again I would include questions in the interview guide to explore experiences and attitudes around menstruation and pregnancy so that I could think about their response to menopause in this context.

Consideration of Differences from Other Studies

This study observed greater emphasis on the impact of the physical experience of menopause and on the social consequences of being seen as a woman in an older age group. In this way the account of menopause is more negative as it focusses on the struggle women described to continue the individual story of their life and resist dismissive generalisations. Although participants wished to resist negative stereotypes about menopause, there were fewer positive narratives about menopause than in other studies. In particular, none of the participants expressed relief at being free from menstruation. In this study, the most salient feature of

periods stopping seemed to be as marker of being moved to a new phase of life.

Whereas in earlier studies and a recent Swedish qualitative study many women expressed relief at the end of periods and the need for birth control (Martin, 1987, Hunter & O'Dea, 1997, Lindh-Astrand et al, 2007).

There may be several reasons for these differences. This sample was different from other studies in that these women were all currently in the thick of menopause. For most, periods were not definitively finished. Therefore the women were not yet experiencing the relief described in other studies. However it may also be that contraception, treatments for period pain and heavy bleeding, and sanitary products have changed so that women do not find menstruation burdensome and do not fear unwanted pregnancy. The women in the Swedish sample were all gynaecological outpatients seeking HRT treatment and so it is possible that they were recruited from a population of women who experienced menstruation as problematic.

Another potential source of difference is my position as a woman known by the participants to have experienced menopause. Therefore I was within the peer group where menopause can be openly discussed and may have been offered a different unedited account as a result. Participants were asked what they would tell a younger woman who asked them about menopause and their responses suggest that they would speak more positively in that context. Participants also knew I was conducting the research as part of training as a Counselling Psychologist. They may therefore have expected me to be more interested in problematic aspects of menopause experience. Some did suggest this after the interview.

Social changes may also play a part. The challenge of menopause seemed to be increased by working outside the home, and to a lesser extent by having children at home. Comparable data is not available for the other studies but nine of the women in this study were still actively involved in both work and parenting at the time of their menopause. Therefore menopause was an additional demand to manage. This study suggests that the workplace does impact menopause experience. However not in the way I had expected. I had wondered whether women who had significant work roles would be less subject to the focus on procreation in valuing women (Irigaray, 1993) and therefore menopause might be of less significance to how they thought about themselves (Gold, 1985). However this study suggests the opposite. Women who work outside of the home still perceive menopause to mark moving into a new phase of life. They perceive their status to be at greater threat from dismissive narratives attached to this phase of life and are more impacted by social etiquette that menopause should not be seen, particularly by men. In addition, women spoke of menopause as making working life more difficult, particularly night sweats leading to broken sleep.

It would be a useful development of the study to invite participants to consider the theory developed by the researcher and reflect on how it related to their experience. The aim of this would not be to develop a more objective theory but to obtain further data to elaborate the categories, potentially developing a fuller picture incorporating diverse perspectives (Madill, Jordan and Shirley, 2000). The theory is understood as a co-construction between the researcher and the participants but not having contacted participants for feedback, due to time

constraints, limits their involvement to their talk and reflection during the interview.

Personal Reflection on the Study

I deliberately chose a method with a phenomenological aim, in order to highlight the women's experience. This may contribute to the difference in emphasis described above. My hope in choosing this method was for an exploratory piece of work which would build a rich picture and open up a lot of possible ideas to develop. This has been successful in the data collection and analysis but the task of pulling it into a coherent argument often felt overwhelming. Coming from a quantitative background, I was not prepared for the difficult judgements to be made in selecting what to focus on and what fascinating possible sidetracks to leave unexplored. The meaning I attached to the interviews has changed through the process. I would now consider that I was embodying the 'necessary other' in hearing and reflecting the 'who' in each woman's account (Cavarero, 1997/2000). However, in building the grounded theory, my interpretive work was to explore the social processes shaping the women's stories. Therefore, inevitably the stories themselves do not appear intact in the analysis. During the write up I continuously struggled to unhook from individual stories to gain a perspective on the social processes.

This study is not the account I wanted to give of menopause. I began the study with a narrative that menopause was not something which should impact a woman much and that becoming more emotional at menopause was part of a myth serving

to dismiss women. My initial reaction was that I did not recognise the emerging theory about menopause. And yet.....

As the study proceeded, I recognised that the taken for granted social etiquette, that menopause is not seen, had shaped my own behaviour without my awareness. I had thought of myself as open about my body but I reflected on non-disclosure of my own menopause and my ongoing discomfort when talking about the research, particularly in front of men. Transcribing interviews, I recognised some of the tentative anxieties about being passed over for younger people in my own thinking, as I decided to change career (incidentally for a role closer to the 'wise woman' narrative). I did not link this thinking to menopause at the time but now I wonder.

When, at the end of the study, I listened to my own interview I was astonished to find that almost all of the themes from this analysis were present to some extent. The category 'keeping it hidden' was not represented in the content of my interview, and I recalled being unembarrassed by flushing at work. However it was present in my reflections on feeling embarrassed talking about menopause with the younger interviewer and concerned about being overheard. I expressed more discomfort than the participants at the tension I experienced between my feminist perspective on the value of older women and my feelings about visible signs of ageing in my own body. I was several years past menopause and I spoke positively of feeling that I had now 'caught up' with my body and accommodated with its changes. This perhaps confirms my thinking that the degree of uncertainty and ambivalence in this study reflects the position of the participants in the thick of menopause.

For me the biggest shift in my thinking has been about emotion at menopause. I would now think of menopause as almost inevitably reflected emotionally. But I would look at that completely differently, as an outworking of the cultural narratives within which women are living and the meanings made of menopause. I am convinced that these emotions should be attended to and so it is important to consider menopause in therapy with midlife women but within the contexts of these narratives. I have come to see menopause as an opportunity for reflection, often missed because of the pressure to overlook our female bodies. During the journey of this study I have become angry myself at the extent to which menopause has been overlooked and dismissed, not least by women ourselves. And I have stopped dyeing my hair.

Chapter 7 - Conclusions

This study suggests that menopause is likely to be significant in how a woman thinks about herself and her life story. The study shows how a biomedical discourse and a persistent focus on women's meanings as childbearers, leads menopause to be understood as marking a transition from one phase of life to another. This necessitates a renegotiation of role and status in the face of menopause narratives questioning women's relevance, vigour, attractiveness and emotional stability. There is also evidence of ways in which this account of a transition can enable women to refocus on their goals and wellbeing. The study has identified the impact of a social etiquette of keeping menopause hidden on the ways women can manage menopause and on enabling negative dismissive narratives about menopausal women to persist. The study observed that the strain of continuing their life story whilst negotiating these changes and keeping their menopause hidden led to an emotional reaction in many women. This was intended as an exploratory study and opens many avenues for possible further work. In this chapter, I will consider the implications for Counselling Psychologist client work and for information and services for menopausal women.

Implications for Counselling Psychologist client work

The findings illustrate that menopause experience is unique for each woman, whereas this has tended to be obscured as a result of the etiquette of keeping menopause hidden. So it is very important for Counselling Psychologists to elicit clients' individual beliefs and meaning-making about menopause. The

understanding that menopause may affect women's thinking through her reflection on the story of her life seems to fit well with Sugarman's metaphor of the life course (2010) and suggests that this may be useful in formulation with clients. The role of the Counselling Psychologist can be to act as the 'necessary other' to see the 'who' in the client's account of menopause and reclaim the narratable self (Cavarero, 1997/2000) from exclusion through imposition of menopausal narratives.

It cannot be assumed that because a woman does not discuss her menopause in counselling that it is not important. Because of the social processes that keep menopause hidden it may be necessary for Counselling Psychologists specifically to invite women to talk about their menopause, otherwise they may inadvertently reinforce the social etiquette which treats menopause as taboo. The finding that menopause tends to be kept private confirms that studies such as this are of value because Counselling Psychologists who are male or younger will be unlikely to gain insight in other ways. This would argue that menopause should be included as part of Counselling Psychology training.

It emerged from this study that women drew mainly on a biomedical discourse and may not be aware of the impact of social and cultural factors in shaping their experience. There is therefore a role for Counselling Psychologists in making cultural narratives and social factors visible, and facilitating clients' exploration of other perspectives (Gergen, 2009, Foster & Rubenstein, 2012, Hvas, 2006). Becoming aware of social constructions of menopause may enable clients to consider how they may be impacting their expectations and experience (Atwood et

al, 2008). In this way Counselling Psychologists can aim to enable women to dis-embed themselves from unquestioned assumptions which shape what they believe is possible in their lives and which may also shape how they relate to their bodies.

Some generalisations seem to be widespread including: the biomedical discourse, which positions women as depleted by menopause; the assumption that natural development should be problem free and expectation of 'mood swings'. As do dismissive narratives about the health, vigour and relevance of older women.

Therefore it is very important for Counselling Psychologists to approach working with women at midlife reflexively, with awareness of their own attitudes.

Otherwise they are likely to become complicit in the imposition of narratives on women. Therapists should be aware that body image difficulties could emerge for women at menopause (Chrisler & Ghiz, 1993). Ideals of slim youthful appearance and negative attitudes to ageing in women are pervasive. It will be important for therapists to consider their own perceptions of ageing, body size and beauty in order to work effectively with women in mid-life. Equally there is a need to recognise the political dimension of the issues and avoid locating the difficulty within the individual client.

This study may be relevant to Counselling Psychologists working in specific areas.

Menopause may be important to understand workplace stress and women's thinking about career plans, as illustrated in these interviews. It is therefore relevant to occupational health and coaching. This seems particularly important as dealing with the practical issues and identity challenges of menopause may be part of an explanation for the under-representation of women in senior roles (Davies,

2011). Part of the Counselling Psychologist's work could be supporting women to exercise their right to request reasonable adjustments in the workplace (TUC, 2014). In couples work, menopause may be significant not only in potential effects on sexual intimacy but also emotional intimacy, as women described going through an experience which they do not have the language to share with their partner.

Recommendations for Further Research

As stated in the previous chapter, this study could be developed with further research involving lesbian women and participants who are not currently in a longterm relationship. Such a research programme should include studies recruiting women from different cultural backgrounds. This study focussed on women in good health, experiencing menopause at an average age. Women who experience early menopause or menopause following treatment for cancer will be subject to the same social processes but in the context of other meanings and life events, therefore further study of their experience would be valuable.

This study confirms the findings of Rubenstein and Foster (2012) of a link between negative attitudes to menopause and body dissatisfaction. Further research could explore this further with a view to identifying therapeutic strategies for working with women who are finding it hard to adjust to bodily changes at menopause.

Given the case made for the significance of menopause in working with midlife clients, a study of Counselling Psychologists' knowledge and attitudes about menopause would be a next step.

This study has demonstrated the importance of menopause narratives, as social etiquette reduces access to accounts of women's experience. It would be beneficial to explore this further using a discourse analysis approach to explore changes since earlier studies. Given the observation that menopause being seen by men was particularly avoided, such a study should include exploring the talk of men about menopause.

Implications for Information and Support for Women at Menopause

This research suggests that existential review of a woman's story, with increased awareness of mortality, of how the female body is seen and of the impact of available narratives should be understood as part of the normal experience of menopause. Menopause is not insignificant and women are negotiating the transition in a sociocultural environment in which the expectation is that they keep the signs hidden and that they continue to 'perform' as though it is not happening. Therefore it seems inevitable that the existential review and the pressure to keep menopause hidden would cause stress and loss of confidence to some women, as seen in this study. Equally, the potential benefits of this review for the woman could be considerable. This study has observed that women may review their physical health and wellbeing at menopause and make changes in their lifestyle. Menopause could also be a time of review of psychological health and wellbeing. I would argue that information and support for women should not be limited to physical health and should pay equal attention to emotional wellbeing. There is a role for Counselling Psychologist involvement in developing this information and in

particular in challenging the account of emotion as caused directly by hormonal changes.

Some women find menopause difficult to manage and I would argue that psychological support should be more widely available. This study demonstrates that women want to be able to make choices about how to respond to menopause and significant numbers of women do not want to use HRT, but may do so because they feel that they have no option. There are CBT and Mindfulness Based Stress Reduction group programmes which have been shown to be effective in a clinical population (Ayers et al, 2012, Carmody et al, 2011) and they should be more widely available. The benefits from these psychological interventions may be generalisable to other life stresses. However this study also suggests that reaching women with psychological interventions may be challenging. None of the women in this study had considered counselling help and many were reluctant to talk about psychological aspects of their menopause. This seems to relate to the taken for granted knowledge that women become emotionally unstable and have mood swings at menopause. Women need to resist this narrative for themselves, although all appeared to subscribe to it, in order to conform to the expectation of being emotionally stable for others, or cool, calm and collected in the workplace. CBT or MBSR offered through the doctor locates the menopause in the medical model and there is a risk that it situates the difficulty within the woman as thinking wrongly or emotionally 'out of control' – exactly the position this study suggests women fear and work hard to resist. Therefore there is a need to think creatively

about setting and referral routes in order to make psychological intervention accessible to women, for example using self-help materials (Hunter & Smith, 2014).

Most women in this study had felt in some way limited in managing their health because of inadequate information. This highlights the importance of providing access to detailed information for those who wish to consider treatments and to empower women in protecting their future health. For example, there is recent evidence to suggest that increasing aerobic exercise can protect against increased cardiovascular risk post menopause (Gudmundsdottir et al, 2013) as well as osteoporosis. It is important that women are provided with this kind of information to counteract the myth that decreasing health is inevitable. This would necessitate an increased priority given to equipping women with knowledge about their bodies. Information from the forthcoming National Institute for Health and Care Excellence guidance (NICE 2015) on menopause should be made available to women as much as to doctors.

This study has observed that women wish to manage menopause themselves and do not consider it as a medical condition but find that the only source of information is the GP. This appears to be problematic in several ways: it positions the discussion in the medical model, which is both diminishing and limiting; it results in women being treated according to 'norms' rather than facilitated to apply information to their individual circumstances; and it produces a shift in decision making towards the medical expert. This argues for provision of information and support outside of medical settings, focussed on empowering women to identify

action they can take themselves, possibly involving peer support groups (Simpson & Thomson, 2009).

I have focussed on the implications of this study for Counselling Psychology and services for women and written about the significance of the social world in forming menopause experience. There are clearly wider implications to this study in highlighting how women, particularly older women, are positioned in society. This study has made visible ways in which women at menopause, including women for whom career is a major aspect of their identity, are themselves subscribing to narratives and ideas that relegate them and their bodies to silence and secrecy. Therefore menopause can be a time when the marginalisation of women, noted by Cavarero (1997/2000), from the 'political stage' of action may be increased. And this is happening at a time in their lives when, on the basis of skills, experience and availability, they have great potential. During this study, I have come to think that talking about menopause and challenging negative narratives could usefully be moved up the feminist agenda in the UK. I hope that this study will be a step towards addressing the issues raised.

Bibliography

- Albas, D. & Albas, C. (1988). Aces and bombers: The post-exam impression management strategies of students. *Symbolic Interaction* 11, 289-302.
- Allegranti, B. (2011) *Embodied Performances: sexuality, gender, bodies*. Basingstoke: Palgrave Macmillan.
- Alvesson, M. & Skoldberg, K. (2009). *Reflexive Methodology: New Vistas for Qualitative Research*. SAGE: London.
- Annells, M. (1996). Grounded Theory Method: Philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research*, 6, 379-393.
- Arber, S. & Ginn, J. (1995). *Connecting Gender and Aging: A Sociological Approach*. Buckingham: OU Press.
- Archer, D.F., Sturdee, D.W., Baber, R., de Villiers, T.J., Pines, A., Freedman, R.R., Gompel- Hickey, M., Hunter, M.S., Lobo, R.A., Lumsden, M.A., MacLennan, A.H., Maki ,P., Palacios, S., Shah ,D., Villaseca, P. & Warren, M. (2011). Menopausal hot flushes and night sweats: where are we now? *Climacteric*, 14(5), 515–28.
- Atkinson, R. & Flint, J. (2001). Accessing hidden and hard-to-reach populations: Snowball research strategies. *Social Research Update*.
www.citizenresearchnetwork.pbworks (accessed 13 May 2012).
- Atwood, J.D., McElgun, L., Celin, Y., & McGrath, J. (2008). The socially constructed meanings of menopause: Another case of manufactured madness? *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions*, 7(2), 150–174.
- Avis, N., Stellate, R., Crawford, S., Johannes, C. & Longcope, C. (2000). Is there an association between menopause status and sexual functioning? *Menopause*, 7(5), 297-309.
- Avis, N.E., Brockwell, S., Randolph, J.F., Shen, S., Cain, V.S., Ory, M., & Greendale, G. (2009). Longitudinal changes in sexual functioning as women transition through menopause: Results from the study of women’s health across the nation (SWAN). *Menopause*, 16, 442-452.
- Ayers, B., Forshaw, M. & Hunter, M. (2010). The impact of attitudes towards the menopause on women’s symptom experience: A systematic review. *Maturitas*, 65, 28-36.
- Ayers, B., Smith, M., Hellier, J., Mann, E., Hunter, M.S. (2012). Effectiveness of group and self-help cognitive behavior therapy in reducing problematic menopausal

hot flushes and night sweats (MENOS 2): a randomized controlled trial. *Menopause*, 19(7), 749-759.

Barbre, J.W. (1993). Meno-boomers and moral guardians: an exploration of the cultural construction of menopause. In J.C. Callahan (ed.) *Menopause: A Midlife Passage*. Bloomington: Indiana University Press.

Bartky, S.L. (1999). Unplanned obsolescence: some reflections on aging. In M.U. Walker (Ed.) *Mother Time: Women, Aging and Ethics*. Oxford: Rowman and Littlefield.

de Beauvoir, S. (1949/1997). *The Second Sex*. London: Random House.

Bessenoff, G.R. & Del Priore, R.E. (2007). Women, weight and age: Social comparison to magazine images across the lifespan. *Sex Roles*, 56, 215-222.

Biggs, S. (2010) Midlife Issues. In Woolfe, R., Strawbridge, S., Douglas, B. & Dryden, W. Eds. *Handbook of Counselling Psychology*. London: SAGE.

Birks, M. & Mills, J. (2011). *Grounded Theory: a practical guide*. London: SAGE.

Blaikie, N. (2009). *Designing Social Research*. Cambridge: Polity Press.

Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. Berkeley and Los Angeles: University of California Press.

Bleier, R. (1984). *Science and Gender: a critique of biology and its theories on women*. New York: Pergamon.

Bowles, C. (1990). The menopausal experience: Sociocultural influences and theoretical models. In R. Formanek (ed.) *The Meanings of Menopause: Historical, Medical and Clinical Perspectives*. Hillsdale NJ: Analytic Press.

Brayne, S. (2011). Menopause: how women suffer in silence. *Therapy Today*. 22(6) <http://therapytoday.net/article/show/2555/menopause-how-women-suffer-in-silence/> accessed 3 May 2015.

British Menopause Society (2013). The 2013 British Menopause Society & Women's Health Concern recommendations on hormone replacement therapy. *Menopause International*, 19(2) 59–68.

British Psychological Society, Division of Counselling Psychology (2008). Guidelines for the Professional Practice of Counselling Psychology. Leicester : BPS.

Bromberger, J.T., Schott, L.L., Kravitz, H.M., Sowers, M., Avis, N.E., Gold, E.B., Randolph, J.F. & Matthews, K.A. (2010). Longitudinal change in reproductive hormones and depressive symptoms across the menopausal transition: Results

from the Study of Women's Health Across the Nation (SWAN). *Archives of General Psychiatry*, 67, 598-607.

Brooks, A.T. (2010). Aesthetic anti-ageing surgery and technology: women's friend or foe? *Sociology of Health & Illness*, 32(2), 238-257.

Burr, V. (2003) *Social Constructionism* (2edn). East Sussex: Routledge.

Butler, J. (1999). *Gender trouble*. (2nd Edn.). London: Routledge.

Callaghan, J.C. (1993). *Menopause: A Midlife Passage*. Bloomington: Indiana University Press.

Carmody, J., Crawford, S., Salmoraigo-Blotcher, E., Leung, K., Churchill, L. & Olendzki, N. (2011). Mindfulness training for coping with hot flashes: Results of a randomized trial. *Menopause*. 18 (6), 611-620.

Cavarero, A. (1997). *Relating Narratives: Storytelling and selfhood*. (Trans., 2000, P.A. Kottman). London: Routledge.

Charmaz, K. (1995). Grounded Theory. In J.A. Smith, R. Harre, & L. Van Langengrove (Eds) *Rethinking Methods in Psychology*. Pp 27-49. London: Sage.

Charmaz, K. (1995a). The body identity and self: Adapting to impairment. *The Sociological Quarterly*, 36, 657-680.

Charmaz, K. (2000) Grounded theory: objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research*. (2nd ed., 509-536) Thousand Oaks, CA: Sage.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: SAGE.

Chrisler, J.C. & Ghiz, L. (1993) Body Image Issues of Older Women. *Women & Therapy*, 14, 67-75.

Chrisler, J. C., & Caplan, P. J. (2002). The strange case of Dr. Jekyll and Ms. Hyde: How PMS became a cultural phenomenon and a psychiatric disorder. *Annual Review of Sex Research*, 13, 274–306.

Chrisler, J.C. (2008). 2007 Presidential address: Fear of losing control – Power, perfectionism, and the psychology of women. *Psychology of Women Quarterly*, 32(1), 1-12.

Condor, S. (1986). Sex role beliefs and "traditional" women: feminist and intergroup perspectives. In S. Wilkinson (Ed.) *Feminist social psychology: Developing theory and practice*. Milton Keynes: Open University Press.

Cooper, M. (2009) Welcoming the Other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review*, 24, 119-129.

Conboy, L. (2001). Women at mid-life: Symptoms, attitudes, and choices, an Internet based survey. *Maturitas*, 38(2), 129-136.

Corbin, J. & Strauss, A. (2008) *Basics of Qualitative Research* (3edn). London: Sage.

Cunningham-Burley, S. & Backett-Milburn, K. (1998). The body, health and self in later years. In (S. Nettleton & J. Watson eds.) *The Body in Everyday Life*. London: Routledge.

Davies, M. (2011). *Women on Boards*. <https://www.gov.uk/government/.../11-745-women-on-boards.pdf> (accessed 12 June 2015).

Deutsch, H. (1945). *The Psychology of Women*, Vol 2. New York: Grune and Stratton.

Dey, I. (1999). *Grounding Grounded Theory*. San Diego: Academic Press.

Dickson, G.L. (1990). A feminist post structural analysis of the knowledge of menopause. *Advances in Nursing Science*, 12, 15-31.

Dickson, G.L. (1993). Metaphors of menopause: the metalanguage of menopause research. In J.C. Callahan (ed.) *Menopause: A Midlife Passage*. Bloomington: Indiana University Press.

Dilthey, W. (1894) *Descriptive psychology and historical understanding*. (Trans. 1977, R.M. Zaner & K.L. Heiges). The Hague: Martinus Nijhoff

Duarte, L.M. & Thomson, J.M. (1999). Sex-differences in self-silencing. *Psychological Reports*, 85, 145-161.

Dykes, K., Slade, P., Haywood, A. (2011) Long term follow up of emotional experiences after termination of pregnancy: Women's views at menopause. *Journal of Reproductive and Infant Psychology*, 29, 93-112.

Elliott, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229.

Fairhurst, E. (1998). Growing old gracefully as opposed to mutton dressed as lamb: the social construction of recognising older women. In S. Nettlewood & J. Watson (eds.) *The Body in Everyday Life*. London: Routledge.

Fassinger, R.E. (2005). Paradigms, Praxis, Problems and Promise: Grounded Theory in Counselling Psychology Research. *Journal of Counselling Psychology*, 52, 156-166.

Ferguson, M. (1983). *Forever feminine: Women's magazines and the cult of femininity*. London: Heinemann.

Flint, M. (1975). The menopause: reward or punishment? *Psychosomatics*, 16(4): 161-163.

Formanek, R. (1988). Menopause: myth and reality. In J. Offerman-Zuckerberg Ed. *Critical Psychophysical Passages in the Life of a Woman: a Psychodynamic Perspective*. New York: Plenum.

Fox, B. (1998). Motherhood, changing relationships and the reproduction of gender inequality. In S. Abbey & A.O'Reilly (Eds.) *Redefining Motherhood: Changing Identities and Patterns*. Toronto: Second Story Press.

Foxcroft, L. (2009). *Hot Flushes, Cold Science: A History of the Modern Menopause*. London: Granta Publishers.

Frank, A.W. (1991). For a sociology of the body: an analytical review. in M. Featherstone & B. S. Turner (eds.). *The body: Social Process and Cultural Theory*. London: SAGE.

Freeman, E.W., Sammel, M.D., Lin, H., Gracia, C. R., Kapoor, S. & Ferdousi, T., (2005). The role of anxiety and hormonal changes in menopausal hot flashes. *Menopause*, 12, 258-266.

Gannon, L. (1999). *Women and Aging: Transcending the Myths*. London: Routledge.

Gergen, M. M. (1990). Finished at forty: Women's development within the patriarchy. *Psychology of Women Quarterly*, 14, 451-470.

Gergen, M. M. (2009). Framing Lives: Therapy with Women of a "Certain Age". *Women & Therapy*, 32, 252-266.

Glaser, B.G. & Strauss A.L. (1967). *The discovery of Grounded Theory: Strategies for qualitative research*. New York: Aldine.

Glaser, B.G. (1978). *Theoretical Sensitivity*. California: The Sociology Press.

Glaser, B.G. (1992). *Emergence vs Forcing: Basics of Grounded Theory Analysis*. California: The Sociology Press.

Glaser, B.G. (1998). *Doing Grounded Theory: Issues and Discussions*. California: The Sociology Press.

Glaser, B.G. (2007) Constructivist Grounded Theory? *Historical Social Research / Historische Sozialforschung*. Supplement No. 19, Grounded Theory Reader , pp. 93-105.

Goffman, E. (1959). *The Presentation of Self in Everyday Life*.

Gold, J.H. (1985). *The Psychiatric Implications of Menstruation*. American Psychiatric Press.

Greene, J.G. (1984). *The Social and Psychological Origins of the Climacteric Syndrome*. Aldershot: Gower.

Greene, J.G. & Cooke, D.J. (1980). Life stress and symptoms at the climacterium. *British Journal of Psychiatry*, 136, 486-491.

Greer, G. (1992). *The change: Women, ageing and the menopause*. London: Penguin.

Gudmundsdottir, S.L., Flanders, W.D. & Augestad, L. B. (2013). Physical activity and cardiovascular risk factors at menopause: The Nord-Trøndelag health study. *Climacteric*, 16, 438–446.

Haverkamp, B. E. (2005) Ethical perspectives on qualitative work in applied psychology. *Journal of Counselling Psychology*, 52, 146-155.

Heidegger, M. (1962) *Being and Time*. (J. Macquarrie & E. Robinson Trans.) New York: Seabury (original work published 1927).

Henwood, K. & Pidgeon, N. (1995). Grounded theory and psychological research. *Psychologist*, 8(3), 115-118.

Henwood, K. & Pidgeon, N. (2003) Grounded theory in psychological research. In P.M. Carnic, J.E. Rhodes, & L. Yardley eds. *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington DC: APA.

Hirsch, C., Meynen, T. & Clark, D. (2004). Negative self-imagery in social anxiety contaminates social interactions. *Memory*, 12, 496-506.

Hochschild, A.R. (1983). *The Managed Heart: Commercialization of Human Feeling*. London: University of California Press.

Holte, A. (1992). Influences of natural menopause on health complaints: A prospective study of healthy Norwegian women. *Maturitas*, 14, 127-141.

Hunter, M.S. (1992). The S.E. England longitudinal study of the climacteric and postmenopause. *Maturitas* 14, 117-126.

Hunter, M.S., Battersby, R. & Whitehead, M. (1986). Relationships between psychological symptoms, somatic complaints and menopausal status. *Maturitas*, 8(3), 217-228.

Hunter, M.S. & Chilcot, J. (2013). Testing a cognitive model of menopausal hot flushes and night sweats. *Journal of Psychosomatic Research*, 74, 307-312.

Hunter, M.S., Gupta, P., Papitsch-Clark, A. & Sturdee, D.W. (2009). Mid-aged health in women from the Indian subcontinent (MAHWIS) : A further quantitative and qualitative investigation of experience of menopause in UK Asian women, compared to UK Caucasian women and women living in Delhi. *Climacteric*, 12(1), 26-37.

Hunter, M.S. & O'Dea, I. (1997). Menopause: Bodily changes and multiple meanings. In J. Ussher (Ed.), *Body talk*. London: Routledge.

Hunter, M.S. & O'Dea, I. (2001). Cognitive appraisal of the menopause: The menopause representations questionnaire (MRQ). *Psychological Health Medicine*, 6, 65-76.

Hunter, M.S. & Rendall, M. (2007). Bio-psychosocio-cultural perspectives on menopause. *Best Practice & Research: Clinical Obstetrics & Gynaecology*, 21(2), 261–274.

Hunter, M.S. & Smith, M. (2014). *Managing Hot Flushes and Night Sweats: A cognitive behavioural self-help guide to the menopause*. London: Routledge.

Hvas, L. (2006) Menopausal women's positive experience of growing older. *Maturitas* 54(3),245–251.

Hvas, L. & Gannik, D.E. (2008). Discourses on menopause – Part II: How do women talk about menopause. *Health: an Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 12, 177-192.

Judd , F.K., Hickey, M. & Bryant, C. (2011) Depression and midlife: Are we overpathologising the menopause? *Journal of Affective Disorders*, 136 (2012) 199–211.

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27 (2), 64-73.

Kristeva, J. (1982). *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press.

Kurpius, S.E.R., Nicpon, M.F. & Maresh, S.E. (2001). Mood, marriage, and menopause. *Journal of Consulting Psychology*, 48(1), 77–84.

Klein, R. & Dumble, R.J. (1994). Disempowering midlife women: The science and politics of hormone replacement therapy (HRT). *Women's Studies International Forum*. 17, 327-343.

Kurpius, S. E., Robinson, N., Megan Foley, M., & Maresh, S. E. Mood, marriage and menopause. *Journal of Counseling Psychology*, 48(1), 77-84.

Irigaray, L. (1987). (trans. 1993 G.C. Gill). *Sexes and Genealogies*. New York: Columbia University Press.

Langdridge, D. (2007) *Phenomenological Psychology: Theory, Research and Method*. England: Pearson Prentice Hall.

Laws, S. (1990). *Issues of Blood: the politics of menstruation*. Basingstoke: Macmillan.

Lee, J. & Sasser-Coen, J. (1996). *Blood Stories: Menarche and the Politics of the Female Body in Contemporary U.S. Society*. New York: Routledge.

Leng, K.W. (1997) Menopause and the Great Divide: Biomedicine, Feminism, and Cyborg Politics. In P.A. Komesaroff, P. Rothfield, & J. Daly (Eds.) *Reinterpreting Menopause: Cultural and Philosophical Issues*. London: Routledge.

Llaneza, P., García-Portilla, M.P., Llaneza-Suárez, D., Armotta, B. & Pérez-López, F.R. (2012). Depressive disorders and the menopause transition. *Maturitas*, 71 (2012) 120– 130.

Lindh-Astrand, L., Hoffmann M., Hammar M. & Kjellgren. K. (2007) Women's conception of the menopausal transition – A qualitative study. *Journal of Clinical Nursing* 16(3): 509–517.

Lofland, J. & Lofland, L.H. (1995) *Analysing Social Settings: A Guide to Qualitative Observation and Analysis*, 3rd edn, Belmont, CA: Wadsworth Publishing.

MacPherson, K.I. (1981). Menopause as disease: The social construction of a metaphor. *Advances in Nursing Science*, 3(2), 95-113.

MacPherson, K.I. (1985). Osteoporosis and menopause: a feminist analysis of the social construction of a syndrome. *Advances in Nursing Science*, 7(4), 11-22.

Madill, A., Jordan, A., Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.

- Malson, H. & Nasser, M. (2007). At risk by reason of gender. In M. Nasser, K. Baistow & J. Treasure (Eds.), *The female body in mind: The interface between the female body and mental health*. (Pp. 3 – 16). Hove, E Sussex: Routledge.
- Martin, E. (1987). *The Woman in the body*. Buckingham: Open University Press.
- McAteer, D. (2010). Philosophical pluralism: Navigating the sea of diversity in psychotherapeutic and counselling psychology practice. In M. Nilton (ed) *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues*. (pp21-26) London: Wiley-Blackwell.
- McCrea, F.B. (1983). The Politics of Menopause: The “Discovery” of A Deficiency Disease. *Social Problems*, 31(1), 111-123.
- McKinlay, S.M., Brambilla, D.J. & Posner, J.G. (1992). The normal menopause transition. *Maturitas*, 14: 103-115.
- McLeod, J. (2001). Using Grounded Theory. In J. McLeod (ed.). *Qualitative Research in Counselling and Psychotherapy*. London: SAGE.
- McKinley, N.M. & Lyon, L.A. (2008). Menopausal attitudes, objectified body consciousness, aging anxiety, and body esteem: European American women’s body experiences in midlife. *BodyImage*, 5(4), 375–380.
- McQuaide, S. (1998). Opening space for alternative images and narratives of midlife women. *Clinical Social Work Journal*. 23(1), 39-53.
- Mead, G.H. (1934) *Mind, Self and Society*. Chicago: University of Chicago Press.
- Menon, U., Burnell, M., Sharma, A. , Gentry-Maharaj, A., Fraser, L ., Ryan, A ., Parmar, M., Hunter, M., Jacobs, I. (2007). Decline in women using hor-mone replacement therapy at recruitment to a large screening trialin the UK. *Menopause*, 14:462–7.
- Mills, J., Bonner, A. & Francis, K. (2006). The development of constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5, 1-10.
- Mishra, G.T. & Kuh, D. (2012). Health symptoms during midlife in relation to menopausal transition: British prospective cohort Study. *British Medical Journal*, BMJ 2012; 344 doi: <http://dx.doi.org/10.1136/bmj.e402> (Accessed May 2012).
- Morrow, S.L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, 52, 250-260.
- Morse,J.M. (2007) Sampling in Grounded Theory. In A. Bryant & K. Charmaz (eds.). *The SAGE Handbook of Grounded Theory*. SAGE: London.

Neugarten, B. (1975). *Adult Personality in the Human Life Cycle*. N York: Jansen Aronson.

Neugarten, B. (1979) Time, Age and the Life Cycle. *American Journal of Psychiatry*, 136, 887-894.

NHS Choices. <http://www.nhs.uk/Conditions/menopause/Pages/Introduction.aspx> (Accessed May 2015).

Nicholson, P. (1986). Developing a feminist approach to depression following childbirth. In S. Wilkinson (Ed.) *Feminist social psychology: Developing Theory and Practice*. Milton Keynes: Open University Press.

National Institute for Health and Care Excellence NICE (2015) <http://www.nice.org.uk/guidance/indevelopment/gid-cgwave0639> (accessed February 2015).

O'Driscoll, R. & Mercer, J. (2015). Women who choose not to have children: A preliminary study. *Psychology of Women Section Review*, 17, 21-30.

Office for National Statistics (2009) Decennial Life Tables, No.16 (2000-2002) <http://www.ons.gov.uk/ons/rel/lifetables/decennial-life-tables/no-16--2000-2002-/index.html> (Accessed 4 May 2012).

Office for National Statistics (2010a) Cohort Fertility 2010 <http://www.ons.gov.uk/ons/rel/fertility-analysis/cohort-fertility--england-and-wales/2010/cohort-fertility-2010.html> (Accessed 4 May 2012).

Office for National Statistics (2010b) Consultation Document: the 2011 Census: Initial View on Content for England and Wales – socio-economic context. <http://www.ons.gov.uk/ons/index.html> (Accessed 4 May 2012).

Office for National Statistics (2011) Divorces in England and Wales 2010 <http://www.ons.gov.uk/ons/rel/vsob1/divorces-in-england-and-wales/2010/stb-divorces-2010.html> (Accessed 7 May 2012).

Office for National Statistics (2013). Full report – women in the labour market.

O'Grady, H. (2005). *Woman's Relationship with Herself: Gender, Foucault, Therapy*. London: Routledge.

Orbach, S. (2009). *Bodies*. London: Profile Books.

Papalia, D.E. (ed.) (2007) *Adult Development and Aging* (3rd edn.). New York: McGraw-Hill.

- Patton, M.Q.(1990). *Qualitative Evaluation and Research Methods* (2nd ed.) Newbury Park, CA: Sage.
- Patton, M.Q.(2002). *Qualitative Evaluation and Research Methods* (3rd ed.) Thousand Oaks`, CA: Sage.
- Pines, D. (1993). *A Woman's Unconscious Use of her Body: a psychoanalytic perspective*. London: Virago Press.
- Plummer, K. (2000). A world in the making: Symbolic Interactionism in the twentieth century. In B. Turner (Ed.) *A companion to social theory* (2nd edn.). (pp193-222). London: Blackwell.
- Rennie, D. L. (2000). Grounded Theory methodology as methodical hermeneutics: reconciling realism and relativism. *Theory & Psychology*, 10(4), 481-502.
- Rennie, D.L. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods*, 17(3), 385-398.
- Reynolds, F. (1997). Psychological responses to menopausal hot flushes: implications of a qualitative study for counseling interventions. *Counselling Psychology Quarterly*, 197(10), 321-333.
- Reynolds, F. (1999). Distress and coping with hot flushes at work: Implications for counsellors in occupational settings. *Counselling Psychology Quarterly*, 12, 353-361.
- Reynolds, F. (2002). Exploring the long-term experience of vasomotor instability: A 5 year follow-up study of distress, perceived control and catastrophizing. *Counselling Psychology Quarterly*, 15, 73-83.
- Rostosky, S.S. & Travis Brown, C.B. (1999). Menopause and sexuality: Ageism and sexism unite. In C.B. Travis & J.W. White (Eds.), *Sexuality, society, and feminism*. Washington DC: American Psychological Association.
- Rubinstein, H.R. & Foster, J.L.H. (2012). 'I don't know whether it is to do with age or to do with hormones and whether it is do with a stage in your life': Making sense of menopause and the body. *Journal of Health Psychology*, 18(2), 292-307.
- Simpson, E.E.A. & Thompson, W. (2009) Stressful life events, psychological appraisal and coping style in postmenopausal women. *Maturitas*, 63 , 357–364.
- Smith, J.A. (1995). Semi-structured interviewing and qualitative analysis. In J.A.Smith, R.Harre, & L.Van Langenhove, *Rethinking Methods in Psychology* (pp9-26). London: SAGE.

Smith, J. (1999). Identity Development during the Transition to Motherhood: an interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17, 281-299.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.

Starks, H. & Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis and grounded theory. *Qualitative Health Research*, 17, 1372 - 1380.

Strauss, A., & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. California: SAGE.

Sugarman, L. (2010). The life course: a framework for the practice of counselling psychology. In Woolfe, R., Strawbridge, S., Douglas, B. & Dryden, W. Eds. *Handbook of Counselling Psychology*. London: SAGE.

Sypeck, M.F., Gray, J.J. & Ahrens, A.H. (2004). No longer just a pretty face: Fashion magazines' depictions of ideal female beauty from 1959 to 1999. *International Journal of Eating Disorders* 36(3), 342–347.

Tiggemann, M. (2004) Body image across the adult lifespan: Stability and change. *Body Image*, 1, 29–41.

TUC (2014). *Supporting Working Women Through the Menopause: Guidance for Union Representatives*. London: TUC.

Ussher, J. (1989). *The Psychology of the Female Body*. London :Routledge.

Ussher, J. M. (2004). Premenstrual syndrome and self-policing: Ruptures in self-silencing lead to increased self-surveillance and blaming of the body. *Social Theory & Health*, 2, 254– 272.

Ussher, J.M. (2006). *Managing the Monstrous Feminine: Regulating the Reproductive Body*. London: Routledge.

Weedon, C. (1987). *Feminist Practice and Poststructuralist Theory*. Oxford: Blackwell.

Willig, C., (2008) *Introducing Qualitative Research in Psychology*. Maidenhead: Open University Press.

Wilson, R.A. (1966). *Feminine Forever*. New York: Evans.

Woolfe, R. & Strawbridge, S. (2009). Counselling Psychology: Origins, developments and challenges. In R. Woolfe, S. Strawbridge, B. Douglas & W. Dryden (Eds), *Handbook of Counselling Psychology* (3rd ed) London: SAGE.

World Health Organisation (1981). *Research on Menopause. Report of a WHO Scientific Group*. WHO technical report N670. Geneva: WHO.

Writing Group for the Women's Health Initiative Investigators (2002). Risks and benefits of estrogen plus progestin in healthy, postmenopausal women: principle results from the Women's Health Initiative randomized controlled trial. *JAMA*, 288(3), 321-333.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*. 15, 215-228.

Young, I.M. (2005). *On Female Body Experience: "Throwing like a girl" and other essays*. Oxford: Oxford University Press.

Zachary, A. (2002). The menopause: dignity and development at the end of the reproductive life cycle. *Psychoanalytic Psychotherapy*, 16(1), 20-36.

Zita, J.N. (1993). Heresy in the female body: the rhetorics of menopause. In J.C. Callahan (ed.) *Menopause: A Midlife Passage*. Bloomington: Indiana University Press.

Appendix 1



An exploration of women's identity during menopause



Would You Like to Talk About Your Experience?

My name is Judith Sergeant and I am a final year Counselling Psychology student at Roehampton University. I am looking to interview women who are going through the menopause now or have done within the last 2 years. Interviews will be at a time and place to suit you and will take about 90 minutes. **All information will be anonymous.**

To find out more contact

Judith Sergeant 0794 132 6559

sergeanj@roehampton.ac.uk

This study has been approved under the procedures of the University of Roehampton Ethics Committee and will be conducted in accordance with British Psychological Society ethical guidelines. Director of Studies, Dr Lyndsey Moon, lyndsey.moon@roehampton.ac.uk, 0208 392 5773

Appendix 2

Participant Information Sheet

Study Title: An exploration of women's identity during menopause

Thank you for contacting me to express an interest in this study. This information sheet aims to tell you about the study so that you can decide whether you would like to take part. You are under no obligation at all to participate in the research. If there is more that you would like to know please get in touch.

Judith Sergeant
Department of Psychology
Whitelands College
University of Roehampton
Holybourne Avenue
London
SW15 4JD

07941 326559

sergeanj@roehampton.ac.uk

What is the purpose of the study?

This study is aiming to explore how women think about themselves at menopause and how this is affected by social factors such as work and family life. I am carrying out the research as part of a Counselling Psychology doctorate at the University of Roehampton. About 15 women, will be interviewed for the study, which will finish in the summer of 2014.

Who can take part?

Women who think they are menopausal or who have experienced signs of menopause within the last two years. Please feel free to ask me if you are not sure whether this applies to you. As the study is interested in how social factors might affect a woman's experience of menopause, I am aiming to recruit a group of women who differ from each other, for example in terms of

being in a relationship, having a job, bringing up children, sexuality and so on.

What would taking part in the study involve?

If you decide that you would like to take part, I would ask you a few questions by phone or email to check that you fit in with the sample strategy for the research. This is to avoid wasting your time. We would then make an appointment to meet for about 90 minutes at a time and place to suit you.

The meeting would involve filling in a short questionnaire with biographical information about yourself and being interviewed for about an hour about your experience of menopause. Interviews would be recorded on a digital voice recorder. The information that you give me would only be used for this research study.

Are there any potential disadvantages to taking part?

I hope that you will enjoy participating in the study and you may find it useful to spend this time reflecting on your own experience of menopause. However it is also possible that the interview will bring to mind issues which you find upsetting or worrying. You can stop the interview at any time or decline to answer any question that touches on areas you feel are too sensitive. You do not have to give a reason. At the end of the interview I will provide information about where you could get more information and support.

Will my data be anonymous?

Interviews, transcripts and questionnaires will be stored anonymously in password protected files and a locked filing cabinet. This data will be kept for 10 years in accordance with University of Roehampton guidelines. Your name and contact details will be securely stored separately. Some data will be read by authorised University of Roehampton staff and representatives from professional bodies for the purpose of assessing the quality of the research. They will never be told who you are. The analysis will combine all of the interviews and so it will not be possible to identify any individuals in the results.

Are there circumstances where confidentiality would be breached?

The researcher is regulated by the British Psychological Society and is committed to following its Code of Conduct. If you disclose information which causes concern about your safety, or the safety of others, it may be judged necessary to inform an appropriate third party without formal consent. The researcher would discuss this first with the project supervisor, unless delay would involve significant risk to life or health.

What will happen to the results of this study?

The study will be written up as a thesis to form part of a doctoral portfolio submitted for qualification as a Chartered Psychologist. The findings may

also be published in research articles in the future. You would not be identifiable in any of these publications. You would be informed of any publications and can be sent a summary of the findings on request.

What can I do if there is a problem?

If you are unhappy or concerned about any aspect of taking part in the study, please raise it with the researcher. If you remain unhappy or wish to complain, then you should contact the Director of Studies overseeing this research or the Head of Department:

Director of Studies

Contact Details:

Dr Lyndsey Moon
Department of Psychology
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University of Roehampton
Holybourne Avenue
London
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0208 392 5773

Head of Department

Contact Details:

Dr Diane Bray
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Whitelands College
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If you decide after the interview that you would like to withdraw all or part of your data from the study, you can do so by contacting the researcher. You do not have to give a reason. I would then remove your data from the analysis and destroy all copies.

Appendix 3

Participant Consent Form

Participant Code

Study Title: An exploration of women's identity during menopause

Brief Description of Research Project:

The aim of this project is to understand how women think about themselves at the time of their menopause and how this might be affected by social changes for women, particularly concerning employment, marriage and divorce, and childbearing.

I am hoping to conduct approximately 15 interviews about the effect of menopause on how women think of themselves and their relationships with others. Interviews will last 60-90 minutes and will be recorded on a digital recorder. Participants will also be asked to complete a short questionnaire about themselves. Interviews will be transcribed and analysed to produce a theory of menopause and identity from the words of all participants. As well as contributing to the research, I hope that participants will find it helpful to have a chance to reflect on their own experience of menopause

Investigator Contact Details:

Judith Sergeant

Department of Psychology
Whitelands College
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London
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Confidentiality and Anonymity

In accordance, with the British Psychological Society Code of Human Research Ethics, information provided by participants is anonymous and participants will not be identifiable if the research is published. The duty of confidentiality can only be overridden in exceptional circumstances, for example by the duty to protect individuals from harm. Interviews, transcripts and questionnaires will be anonymous and will be stored in password protected files and a locked filing cabinet.

Withdrawing from the Study

If in the future you decide that you want to withdraw all or part of your input to the study, you can do so by calling me and quoting your participant code. You do not need to give a reason. I will destroy your data and remove it from the analysis. Other participants may say similar things as you in their interviews. This means that, even after I have withdrawn your data, the study results may include views which are similar to your own.

How to Raise a Concern

If you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies

Contact Details:

Dr Lyndsey Moon
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To be completed by the participant (please initial each box):

1. I confirm that I have read and understood the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I am free to decline my participation of the study and I am able to withdraw from the study, without giving a reason.	
3. I consent to the audio recording of my interview	
4. I understand that relevant sections of the data collected by this research will be looked at by authorised persons from the University of Roehampton. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to me as a research participant.	
5. I agree that quotes from my interview may be used anonymously in any publications.	
6. I agree to take part in the above study.	

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw without giving a reason. I have read and understand the participant information sheet and had the opportunity to ask questions about the research.

I understand that the interview will be audio recorded. I understand that the information I provide will be anonymous and the circumstances in which the investigator might be required to break confidentiality. I am aware that the research will be written up for publication and that my identity will be protected in the publication of any findings.

Name

Signature

Date

I would like to receive a summary of the results Y/N

I am willing to be contacted if further questions arise during the study Y/N

Appendix 4

Appendix 4 Participant Questionnaire Participant Code

Study Title: An exploration of women's identity during menopause

Please feel free to skip any questions you would prefer not to answer

About you

How old are you? _____

How would you describe your ethnicity? _____

What country did you live in as a child? _____

How would you describe your religion? _____

How would you describe your sexual orientation?

Straight/heterosexual

Lesbian/homosexual

Bisexual

Other _____

Do you have any health problems at the moment?

Education and Work

How old were you when you finished formal education? _____

Are you: Working full time

Working part time
 Looking for work
 Working as a homemaker
 Other _____

Please describe your most recent job.

Family

Are you: Married or in a civil partnership
 Separated or divorced
 Living with a partner
 Dating
 Single

Do you have children? _____

If so: how old are they? _____

do they still live with you? _____

Do you have other caring responsibilities?

Appendix 5

Interview Guide

Study Title: An exploration of women's identity during menopause: a Grounded Theory Study

Opening Question: What made you decide to participate in this study?

Main Question: Would you like to tell me about your menopause?

Additional Questions if needed:

How did your menopause compare with what you expected?

Before your own menopause, where do you think your ideas about menopause came from? **What did you know about your mother's menopause?**

Have you considered treatments/ HRT?

Do you think being menopausal has made any difference :

at work/ with your partner/ with your family/ in your day to day life/ in your social life/ to being single at the moment/ to how you feel about not having children (as relevant depending on questionnaire answers)/ **to how you think about your mum**

How do you imagine your partner/colleagues/family/friends think about menopause (as relevant depending on questionnaire answers)? What have you told them about your menopause?

Do you think menopause has changed the way you think about yourself at all? Could you say a bit more about that.

What would you say has been the main impact of menopause on your life?

Closing

Is there anything else you would like to add? How have you found talking to me about your menopause today? Did you think I was expecting a particular answer to any question? **What advice would you give to a younger woman?**

Questions in red added to explore categories

Appendix 6

Participant Debriefing Sheet

Participant Code

Project Title: An exploration of women's identity during menopause

Thank you for taking part in the study today. Your time and your thoughts are an important part of this study. I hope it has also been useful time for you. I would be happy to talk through any concerns or questions which have come up for you during the interview. Please feel free to contact me again if concerns or questions come to mind after the interview. However if you would like to contact an independent party please contact the Head of Department, Dr Diane Bray (you can also contact the Director of Studies for this project, Dr Lyndsey Moon, contact details below).

If you decide at a later date that you would like all or part of your interview to be removed from the study, please contact me quoting the code above. You do not need to give a reason. I would then delete your questionnaire and transcript and destroy any copies and remove your data from the analysis. Other participants may say similar things as you in their interviews. This means that, even after I have withdrawn your data, the study results may include views which are similar to your own.

If you feel the need for support after this interview, a good place to start is by talking to your GP. You can also access counselling support for issues arising in the interview through the British Association for Counselling and Psychotherapy www.bacp.co.uk

Other useful sources of information and support are:

<http://www.nhs.uk/livewell/menopause/pages/menopausehome.aspx>

http://www.healthtalkonline.org/Later_life/menopause

<http://www.rcog.org.uk/womens-health/clinical-guidance/alternatives-hrt-symptoms-menopause-information-you>

<http://www.menopausematters.co.uk/>

<http://www.womens-health-concern.org/index.html>

Relate 0300 1001234 www.relate.org.uk

If you feel that you need support right now, the Samaritans are a good source of help. Samaritans 08457 90 90 90 www.samaritans.org

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Appendix 7

Interview Checklist

Participant Code

Thank you and explanation

Check read participants sheet. Questions?

Participant consent form. Questions? sign 2 copies

Demographic questionnaire

Test recorder

Interview – opening

conversation

anything else

closing question

Check consent

Debriefing sheet

Offer transcript

Thanks and remind can contact me

Appendix 8 – Sample Transcript

Participant A 6.15 pm Friday 7 June 2013. Venue researcher's house .

I So um what made you decide to volunteer to be interviewed for this study?

A Cos you asked me to and I'm not bothered (hesitant). I'm not bothered about telling people things anonymously. But I'm actually quite a private person funnily enough .

I Ok so that's a bit different for you. So it's not a particular subject that you.

A No

I feel strongly about

A No No No. Well I rarely fit the bill for things to be honest (laughs)

I laughs Ok right so you don't often get the opportunity. So all the questions are quite open ended. So would you like to tell me about your menopause.

A (hesitant) OK um I think it started about 7 years ago when I used to get terrible hot flushes, it was terribly hot in the night and I used to burst into sweat and then had to chuck off all my clothes and the bedclothes or whatever. Urgently. (I- hmm) And it seems to start from the back of my neck and it would go all over my body. Its like, because the temperature guage is on the back of your neck and it feels like that's gone wrong. It is like that's gone wrong for me. umm and um that's about the only thing really for me, it's the flushing really. I haven't had any other symptoms, I don't really, I'm not prone to moods anyway and I've been no different really um and then so that carried on and it was quite bad for a while and so, I didn't I'm not a great fan of medication if it's not required so I um I took some over the counter things like um a Boots thing menuleve which sort of worked.

I Oh yeah a herbal thing?

A Yeah but what I found was whatever I did kind of worked for 4 months and then it stopped working so I don't know if there's something in that. And then I'd quite often make this HRT cake which is full of seeds and flax.

I oh so it's got those plant oestrogens

A yes and all that kind of stuff, and that didn't seem, well it sort of helped but not very much and it, well the hot flushes got better really until now I don't, well I do get a bit hot. So it's like a flush but its just a bit hot, it just subsided really and when I went to the doctors last year and she said how's it been going and I said I think it's

all done and dusted and she was very impressed that I managed without any drugs (I – hmmm)

I So how long did the whole process take?

A Well I think up until, well up until now cos I still get a bit hot. I mean I don't know if that will have gone because my mum still gets a bit hot sometimes. But previous, prior to the menopause I was cold really always, always cold

I So that's really unusual a change in the way your body works then

A yes yes it's really weird and we're always arguing about the heating now cos he always wants it up and I always want to turn it down.

I Ah right ok

A yes it used to be the other way.

I And what about periods have they stopped?

A Oh, they were funny little buggers I would have, I had, they sort of stopped and oh gosh I can't hardly remember. The sort of stopped and then you'd have these hot flushes and then you'd feel better and you think oh that's good it's all over and then you'd have a period you see (I mmm) and that would happen every 6 months for a couple of years and then I had one after about a year and then I haven't had any for about two and a half years probably.

I So it sounds like it was a bit of an uncertain process. You thought it was finished and then

A well you don't really know when it starts and you don't really know when it's finished .

I No, did that bother you or did you talk to the doctor about it.

A No, I'm not easily bothered. (laughs) So long as I feel healthy in other ways .

I So it didn't um that didn't matter. So how did the experience of menopause compare with what you expected

A Umm I think it was pretty much what I expected because from what I've read you do tend to follow after your mother and that's how my mum pretty much coped.

I Had you talked to your mother about it.

A No we don't talk about stuff, we're not a very open family. No we don't talk about stuff, well no I mean a bit but we didn't. I didn't have a sort of 'lets talk about the menopause' conversation with my mum I was just aware of what she went

through. She would say I'm having, she would talk about it actually. She would talk more than I would but she she's er she's a bit kind of, I don't know really she likes to talk about things when I don't. I can't explain it. If I'm ill I don't really want her to know cos she just, I don't want anyone to know if I'm ill actually because I don't like talking about it. I just want to do what I can do and not keep being asked if I am ok. So I wouldn't really discuss something like that with my mum (I-mmm) No. I mean she knew I had, she knew I was having a hot flush maybe but um and she knew I was going through the menopause but we didn't sit down and say what's it like kind of thing. No never in a million years no

I-right, that would be off limits

A No I talked much more with my girlfriends, my sister in law and people like that .

I So it was sort of what you expected from what other people were

A Yes, it was what I expected from other people, and as I say my mum, we didn't hide anything my mum and I but it wasn't a conversation. So I knew she was, she had hot flushes and sweats and things and know she still gets hot, um. But funnily enough when I was um when I started it S was working in the office with us (you know S) and she was having them because she'd had the cancer treatment so she was having them so we had them together (I-oh) which was quite nice. We'd be like shall we open the door now (laughs). It was like that really it was very strange, we did sort of coincide quite a lot. Which I think is true as well I think actually it is quite weird now because if I'm sitting, if I'm in a theatre or something and I think oh it's getting hot (I-mmm) and I sort of break out into a flush but not one of those. Ah no there is another symptom I forgot about (I mmm?). I can understand why people kill people (I mmm!) not the mood swings. Yes!! I forget these things, yes when I used to get, I'd get, no no it's all coming back to me now. For about a minute before you felt hot , this is when it's at its peak (I mmm) you'd think. You'd feel really tense and you'd feel like you wanted to BASH something to get rid of all this tension or something. (I- oh) and it would go on and go on and then you'd break out in a hot flush and it would all pass in about 5 minutes and that's when you could kill someone I reckon.

I so in that moment you just

A God yeah yeah

I Like a volcano

A yes but after a while, the first few I don't know how many you think what is happewning, this is weird. But after a while you thionk now I'm going to get a hot flush in a minute so you just grin and bear it.

I Oh ok so you kind of got to recognise it, what's happening

A Yeah, anyway coming back to now, if I get in a theatre or something now and I think oh I'm getting a bit hot um really getting a bit hot now and break out into a sweat. Because I never used to sweat very much EVER in my life, I never used to sweat very much at all. then a couple of minutes later, not very long, I'd feel the air conditioning coming on. So it is to do with getting hot. I don't get them as much in the winter.

I Right, so its like triggered by a change in temperature and then your body sort of

A It is yeah it is. It's my temperature guage has gone wrong.

I It feels like the thermostat in your neck has

A hmm mmm I forgot what you asked me.

I I asked you how it compared with what you were expecting.

A Oh yes,yes so I didn't expect that bit but

I no but roughly its. A yeah. I so it sounds like you're quite pleased to have got through it without medication. Please that you've managed it well

A Yes I am yeah. Yeah I don't like taking medication and half the time I forget and half the time I get quite defiant and I don't wanna take stuff. (I right) It's like I think I had some .. er it was before that I did go to the doctor about this when I was depressed because my dad was ill and some other shit had happened in my life and so I got prescribed some antidepressants and after about 2 weeks I just got fed up with taking them I just can't remember or can't be bothered to take them so I just stopped taking them

I So it felt more that you were managing it by

A I'd rather manage something myself yeah because I tried a few things for the menopause, I tried the menuleve and the black cohosh, I never know how you say that. Cogosh I tried that as well.

I How did you find out about these things

A erm I think I just read on the internet about stuff yeah. hmm and the hrt cake, I can't remember where I got the recipe for that from can't remember, someone told me, passed it on. It's not that nice either.

I oh isn't it

A plus after that I got diverticulitis and you're not supposed to eat little seeds and things if you have that and there's loads of those in that cake. So I thought it might have been the cause of it really. So I'm a bit annoyed about that really I wouldn't recommend it

I oh so that's not something to recommend

A cos they stab into your and get caught yeah, and that's not good for you. So even if I didn't have it before and it caused it or if I did have it, taking that's not a good idea

I hmm so did you think you had any other ideas about menopause before it happened to you? Sort of what to expect um or what other people thought about it.

A Any other ideas erm .. um well you hear a lot of things about going off sex, or your hair going dry or stuff like that but I haven't really found I think I'm quite lucky I haven't really found much that's different with anything

I Do you think it's affected you, you said about getting hot at work. Has that affected you when it

A Um it only affects you because you, when you get hot and you get all sweaty, cos its quite important to me the way I present myself. And so when you're in meetings, it comes on when you get a bit more stressed as well so if you're in a meeting with a client or something and then you're suddenly breaking out into this sweat (I mm) you're either gonna sit there and get all red hot and sweaty or else you've got to rip off your jacket like a madwoman and I don't think either of those looks very good really.

I ok so it makes it difficult for you to present as you like to.

A sure, I think yeah with a client you know that's tricky yeah

I So did that ever worry you

A No. No it wouldn't worry me because um I've had bad irritable bowel syndrome before. Oh! that's that's something, yes, that got a lot better that is virtually gone. I had it for 30 years and it's virtually gone now. I always said it was, I always said it was hormone related it was always worse before a period and now its virtually gone. I always used to get diarrhoea all the time, terrible terrible diarrhoea, and, so coming back to your question about the meetings and things. When you've had to sit in meetings and think shall I shit myself, or shall I just rush out of the room, which will be more embarrassing, I've rushed out of the room many times

I So you'd already got your strategy – I just leave the room

A Well I didn't leave the room for menopause but I thought nothing could be worse than that, rushing out of the room and then you come back and everyone goes are you all right and I go yeah I'm fine actually thank you

I So you're kind of used to your body

A Misbehaving yeah bad body. Yes

I So that was the main sort of impact at work

A Um yeah cos if we're in the office um I'm next to the door so I just open the door or I go and stand outside. I stand outside, hmm

I and what about um in the rest of your life, do you feel that your menopause affected your life that much?

A Not the menopause, no just growing older you just worry don't you about um, when, when will you stop being attractive as a female, do you know what I mean and become like a kind of asexual old person (I – ok) but that's not the menopause really is it

I I don't know really. I suppose do you think you started thinking about that more when?

A Yes. Probably. Yeah yeah because it's a sign that you've, you're kind of moving into old age probably. Yes that's probably true.

I So it made you think about it

A And that's, and that's you know something that bothers me (I mm) because I'm someone who's used to getting a lot of compliments (I mmm) so that will be tricky. So you think when's the last time I. In some ways I think is this the last time I'm going to get a compliment about my, about you know the way I dress or how I look or something you know hmm

I So it crosses your mind

A Hmm I wouldn't like to um pass one by (laughs) they might get fewer and further between.

I Ok so you become more aware of them

A Oh you do yeah yeah, it sounds terribly vain but you said to be honest and that's how I am.

I Absolutely, and as you said, you talked about what was out there in terms of information about the menopause and a lot of it is about dry hair or whatever isn't it.

A I'm lucky I don't have that and I've got really thick hair anyway so if it thins actually that would be a plus cos I have to pay to have it thinned at the moment so, so no

I And what about in your relationship with your husband?

A Um (laughs).. well, he's not really interested in sex anymore (laughs) so its kind of, so I don't know whether I am or not really. Um so that's the sex side but um as far as being in each other's company we just absolutely love being in each other's company so we have exactly the same sense of humour, same ideosyncracies we've always had, we just love being together (I – mmm) and living together so..

I So it hasn't affected any of those things which are

A No, no because I haven't had any mood swings or anything you see. And I'm not a moody person, I'm very much on an even keel hmm

I So, you feel that if you had had mood swings it would have been much more difficult for you?

A Yeah, I'm sure it would have done. Cos I'm quite, D's more up and down. Well he doesn't get down actually, he's up and up, up and middling.

I Up and more up?

A Yeah up and more up that describes him. But we're both quite positive people So I think if I was to have had mood swings it would have been difficult because we're not, that's not what our relationship is like at all. We're both, we can both always see the fun and the positive side of something. Like today he got stuck on a train at C so he texts me and says 'how exciting the trains stopped working' you see whereas we think like that. We love that sort of thing, ooh, what happens now , what happens on the train how do they cope with all the passengers? But other people get very stressed and irritated by it but we're not, we don't we're kind of like ooh this is interesting, this hasn't happened before.

I So that's quite um, that feels quite similar to the way you talked about approaching your menopause, this is something, I'll try this.

A Yes this is interesting, yes this is interesting I'll try this and see what happens, yeah. It is more of an interest thing. Yeah, how it's going. Yes

I I wonder if the 4 month cycle with it working means anything you know you said oh things seemed to work for 4 months

A Oh the 3 to 4 months

I You seemed interested in what's happening

A I don't know, I don't know, I just couldn't ever put my finger on that one. It was just strange. And then suddenly after acvfew months you think oh I haven't had any of those awful kind of things happening so. But it was, I do remember now the kind of great king of URGH for about half a minute

I and then after a while you recognised it.

A yeah, yeah so then you put the knife down (laughs) phew

I What do you think your husband thinks about menopause, does he have?

A Oh that's quite funny yeah... I think he doesn't think much about it because I'm not, I don't make a big fuss anyway but he knows I'm, I did get very hot, and he's very, a bit annoying when I'm ill, a bit like my mum. It's they're overcaring do you know what I mean (I – oh yes) so that's why I don't like talking. mmm so he, he was quite funny to start with, kept saying 'you alright, are you alright' and I'd say 'yes I am, course I'm alright' (irritated tone) you know, and then someone came to the house one day when we had a meeting and I had a terrible hot flush and he said 'it's perfectly alright, it's perfectly alright, she's just not very well'. And this person was texting me all the next day, are you ok cos you weren't at all well yesterday. And I'm thinking D, just, you know, it's just normal, IT'S JUST NORMAL, just the menopause. It's normal

I Did you think he was trying to protect you from

A Yeah hmm yeah. He is quite protective and he keeps saying are you alright –'I'm ok it's normal' (sounds irritated) yeah

I What about the kids?

A A would hardly know (I – boys?) yeah, plus he's 26 so he went off to uni round about when that was happening

I So he probably wouldn't really have noticed

A Mmmm though he lived at home for a year. He probably noticed I was a bit hot, that's about it, as I say I didn't do the mood swing thing, never have done. I'm very kind of steady. And then O would know and she thinks it's, you know highly amusing and yeah stuff so yeah, that's.. fine

I So she finds it amusing?

A Well it's like 'oh mum's got to get her cardigan off again' you know. That's all, not hysterical but (laughs)

I Oh mum we'll get warm on your face, that sort of thing

A That sort of thing, yeah hmm, yeah

I So, do you think menopause has changed the way you think about yourself at all?

A Yes, because I think I'm, I think you are aware of your mortality, that you can't have any more children. I think there was a phase, cos D and I haven't got children together, so there was a phase, just before that probably, my biological clock went you should have a child together (I right) and I thought don't be ridiculous because we decided not to um for lots of reasons. But I was thinking but it would be really nice. And I'm thinking no I don't a child. And there's a bit of you, two voices, and there's a bit of you going but it would have been really nice to have a little D or something. But no don't be ridiculous umm. So um, so I think you become, so you are aware you are not going to have any more children. And you get quite wistful about the loss of your own children as little ones, I think. Then you start thinking about grandchildren and you think, that's ridiculous, that is ridiculously scary, that you're going to start thinking about grandchildren. And then your friends start having grandchildren (I-yeah?) and you think, aaah, you think I'm kind of quite looking forward to that, but I don't think mine will have any yet, which is probably a good thing cos I'd like to be retired when um they have got them

I So there's sort of that process of thinking about having another baby, then feeling sad that you weren't going to (A yeah you couldn't) and then starting to look to the possibility of being (A grandparent, yeah, yeah)

A I think that's probably, I think that would probably be much harder if you, I don't know, I don't know really people who haven't, who haven't got children, how would they feel. I don't know but I'd imaging if you haven't got children, and then you go through it and then you haven't got any possibility of any grandchildren, I don't know (I mmm)um. I'm not in any rush for any grandchildren but it's quite nice to think that there will be a baby in the family that I will be able to kind of enjoy, maybe

I So that feeling that maybe you'll be able to fulfil your maternal side in the future

A Yeah, yeah cos you still feel maternal. Yeah, yeah and that's the other think because you keep thinking well we still need to retire and we need to have a pension, and then we haven't sold the business, cos its not really in a state to sell yet, and will it be, will we sort it all out before we need to retire?

I so there's practical things?

A And will we ever pay the mortgage off? That all comes home to you cos up until um when we remortgages, the last time which was about 5, 6 years ago. You just remortgage and you don't think anything of it and then after about 2 or 3 years you think hang on we haven't paid anything off yet and we're going to have to retire at some pint and there's nothing paid off this whacking great big mortgage (deep breath) and we used to, cos when your younger you don't do you, you just take on all this debt and you think it will get paid off, it will get paid off. (I-one day) as long as you make the payments it will be alright. And then you think, hang on, there has to be an end to this now.

I So menopause has sort of triggered those thoughts in your

A yeah, yeah definitely yes and um, you need, the fact that you need to keep a bit fitter maybe ..and um . It's a lot harder to maintain a weight

I uh huh you are finding you have to work harder at that?

A yeah yeah hmm

I So is there something about looking after your body more?

A Yes definitely yes that's it

I So that's a lot actually isn't it, anything else..?

A Umanything else, I don't know I'll probably think of things afterwards, I'm not a very good person (I hmm) not a very good subject because I always think of stuff afterwards

I well you can always send me an email if something comes to your mind that feels really important. But you've thought actually, so I was, you know of all the things that you've thought about, what would you say has been the main impact of menopause on you?

A Umm..main impact.....I would saydefinitely being, just being aware of getting older (I mmm) that there's stuff you want to do and um .. I suppose you worry what will happen when you, whereas before you think it just goes on doesn't it.

I It'll just stay as it is?

A Well you kind of want to live, you think I kind of want to live a long life. Then you think actually its going to be rubbish if you get to 85 or 90 and you, like my dad had alzheimers, so I think you sort of worry about how much.. Because the, because so I'm 55 so the last .. seventeen years I've been married to D have just gone just like

that and you think if the next seventeen years go like that and then I'll be an old person.....ish..so I think I don't know, I don't whether when you get older you think I've had enough of this life now. Or whether you still think, whether you fight it which is what I think I suppose, I suppose is what I'm doing, I'm fighting it. With the weight thing and the hair dyeing and the make up and everything else, the weight and I had a facial (I hmm, yeah mm) So I'm fighting it.....

I Well thank you, is there anything else you wanted to add, anything else you think I should have asked you or

A Actually well no cos they are open questions aren't they which, which is difficult for someone like me ..um.....sighs.....no I think I would say I think you have to stop yourself, I think you have to fight it in a way otherwise you could get quite old you know. And D, D now, D will quite often want to eat earlier and go to bed earlier. And I say, oh, we're going to turn into old people if we do this and we're only 55. So...I think hmmm you have to be, cos you're only 55 you've got a long way to go before you're (I right) at least an old person that I think

I so there's something about, something important about that

A yeah cos you are only 55 you've got a long way to go yet before you turn into an old person I think . Yeah I think so cos you know like you complain about your parents co they like when they retired. If mum's got a problem in the garden or something what she perceives as a problem, like there's um one weed growing. Um I mean this is a bit unfair on my mum cos she does her own weeding a lot of the time but its that kind of magnitude or order that this problem in this garden and she'll get on the phone and kind of when can you come and do it kind of thing because that's all she's. She comes ote the door she sees it evety day. Whereas you have your own garden, it's a complete mess probably and you can't get round to doing yours but you have to go up there I mean she's not like this at all but there's a bit of it and she keeps on ringing 'can you come and do my this can you come and do my. I don't want to be a nuisance cos I know you've got lots to do' so she's, she's not demanding consciously, but unconsciously she is, because she wants all this done as soon as, and there's so much stuff we need to do in our house and our garden and, and I think, you don't want, you don't want to be like that

I You don't want to become like that

A No.. so... I'm sure we all do in the end...I don't know

I But at the moment you are making some choices?

A yes, yeah

I So, other than the open questions, what's it, how have you found it talking about your menopause with me?

A Um, yes it's fine . I..I . I um I'm not a very interesting subject probably

I Oh? I think you are a very interesting subject

A Cos I haven't murdered anyone yet. (laughs) What are, what are you expecting?

I Well that's something I was going to ask you. Were there any of my questions where you felt I was expecting a particular answer?

A Well because of all the stuff you sent before, I didn't know, I didn't know whether you expected (hesitant) I suppose I would have thought you were expecting to know of any sort of problems like depression or stuff like that or any affairs or any sexual problems or anything like that. Would you be looking, is that what you are expecting or is that what you are wanting?

I No not necessarily, I mean we did cover those sort of areas didn't we (A yeah sounds doubtful) What I'm aiming to do is to interview a range of women and get lots of different perspectives not just one story that supposedly covers everybody's menopause

A yeah (sounds more confident) oh so you want lots of different perspectives. Yeah cos you said you wanted a range of women cos most people around here will be like me presumably?

I hmm so I don't want to interview everybody

A no not everyone in the street, a non street participation exercise(laughs)

EXTRA SECTION – PARTICIPANT THOUGHT OF SOMETHING ELSE AND ASKED FOR THE TAPE TO BE TURNED BACK ON

A umm yeah when O, A went off to xxx, and then when O finished university I thought she'd be home for a time, for a few months after she finished university we'd have some more family time, and in the back of your mind you think we've got a family home, it's a family house and it's a family environment. And um then when she finished university she said 'oh don't worry, I'm so used to being away from home, I'm going to live, I'm going to rent a room in R's house', a friend who lived in xxx, 'so I'm not going to come and live at home, I think it'd be better for everyone' cos they argue sometimes 'and you're cool with everything mum, and you brought me up to be independent so I thought that'd be fine' and I was a bit kind of gobsmacked really and devastated cos in the back of my mind we were some mum daughter, a little bit of time and you think, so you think you've got this family home and there's no family in it anymore, no family in it at all, and all the

time when she was at university it was very fleeting when she came back, cos she'd be off here, off there, work experience there and living here and there and you'd think well she'll be coming back for a few months to enjoy her nicely decorated bedroom just before she went away and then she didn't. So that was very hard, but that's to do with her I guess as much as menopause but its all to with around that age

I so its all to do with what you've been talking about

A and I felt really you can't, I just felt really strange about it because all the time that she wasn't there at university I was fine about it, I'm used to it cos they used to go to their dad's, over the weekend, then she was away at school and A was at university. So I really am very used to them not being there but just the thought that she may come home, you know of her coming home. Cos you know you're not building a family home anymore. Just think about yourself differently, it's no longer a family home and that's the hardest thing for me (I ok mmm) but that's a bit of empty nest syndrome, but it was empty before, that's the weird thing hmm

I So do you think that the fact that you were also having your menopause at that time

A yeah cos its all part of the big CHANGE, a big change thing hmm yeah

I well yeah that's really powerful isn't it

A Well it is because I'm so used to them not being there, I couldn't believe I felt like that, couldn't believe I felt like that, it's just weird

I you were quite taken aback by it?

A I was yeah hmm

Appendix 9 Sample Open Coding

Participant M Open Coding

Participant M 19 November Participants home I I'm so grateful to you for giving your time. When you saw my	
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<p>email asking for participants, what was it made you decide to volunteer</p> <p>M I thought well that's me I'm going through that so</p> <p>I So could you tell me a bit about your menopause, how it's been, how it started.</p> <p>M Well I'm perimenopausal, I think that's what they call it. So 3 years ago I started getting hot, I wouldn't call them flushes but I'd just suddenly feel hot. And my periods became irregular and I became very moody during that time. But not just pmt, it was a bit more sharper than that, deeper than that</p> <p>I angry anxious? what kind of, what did the moody feel like to you?</p> <p>M I used to get angry quite quickly but also, I'd want to stay in my bed</p> <p>I ok right so sort of low mood</p> <p>M yeah yeah deeper low than I'd ever had before PMT but</p> <p>I was it different from what you'd experienced before?</p> <p>M It was like PMT but like 3 times worse, yeah</p> <p>I and did it link in any way with your periods?</p> <p>M Yes but because my periods becoming irregular, I believe the time, instead of a week of having it, I believe I had it for 2 or 3 weeks until the oestrogen you know came on yeah. So it was up and down, it wasn't regular and that was another issue</p>	<p>Going through menopause</p> <p>Being labelled perimenopausal</p> <p><i>3 years ago I started getting hot I'd just suddenly feel hot my periods became irregular I became very moody during that time</i></p> <p>Comparing menopause to pmt</p> <p>Mood changes being more intense than pmt</p> <p>Mood being lower than ever before</p> <p><i>I used to get angry quite quickly I'd want to stay in my bed</i></p> <p>Mood being lower than ever before</p> <p>Assuming low mood was hormonal</p> <p>Evaluating mood as 3 times worse than pmt</p> <p>Linking mood to periods</p> <p>Mood being low for 2 or 3 weeks before period</p> <p>Linking irregular mood to irregular periods</p> <p>Linking mood to oestrogen</p> <p>Mood fluctuating</p>
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<p>I So you couldn't predict it or say, oh I know what it is</p> <p>M yeah and I'll just go to bed for another 2 days and, no it was quite irregular yeah, I couldn't regulate it. So I went to the drs and I think I read up I might be perimenopausal. I kind of felt I was going through the change, I don't know why but I just felt it. So I went to the dr and she's quite a, she's quite good at the hormonal side so she said to me, you're probably perimenopausal yeah so she put me on sort of a very very mild antidepressant which was actually for stopping the hot flushes. Because I was getting hot flushes, or heat, hot flushes, but I was feeling tired because I was waking up at night with them</p> <p>I OK so were you getting hot at night</p> <p>M Yes so she said what it is it's perpetual because you get hot and you wake up and you get tired. And cos I've got a dependent I need to function, I work, I need to function at my optimum I call it um and also I was getting ratty with my daughter which I didn't like at all, if it was the other half not so bad but you know (laughs) so um she doesn't really deserve that so um that's what made me go to the drs to get help so she put me on a very mild antidepressant and she said it's known for working and it did work. Within 2 weeks it worked and the heat and the heat</p>	<p>Mood being unpredictable</p> <p>Having difficulty managing low mood when it was unpredictable</p> <p>Being used to taking time out for pmt</p> <p>Not being able to manage mood in this way because didn't know when period would come</p> <p>Going to dr</p> <p>Reading about perimenopause</p> <p><i>I kind of felt I was going through the change</i></p> <p><i>I don't know why but I just felt it</i></p> <p>Dr being <i>good at the hormonal side</i></p> <p>Dr saying I am probably perimenopausal</p> <p>Dr put me on a very mild antidepressant</p> <p>Taking an antidepressant to stop flushes</p> <p>Getting hot flushes at night</p> <p>Feeling tired</p> <p><i>you get hot and you wake up and you get tired</i></p> <p>Needing to function well because I have a dependent</p> <p>Getting ratty with my daughter</p> <p>Not wanting to get ratty with my daughter</p> <p>Needing to protect my daughter</p> <p>Not worrying about getting ratty with my partner</p> <p>Going to the dr because I need to be better for my daughter</p> <p>Dr telling me antidepressants would help</p> <p>Antidepressants stopping hot flushes within 2 weeks</p>
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<p>stopped</p> <p>I And which antidepressant was that, can you remember</p> <p>M Citrapol 10mg. So I didn't really want to go on then because of the stigma of antidepressants but I went on them because I've actually been on antidepressants to stop smoking years ago. We're talking 15 years ago. So I know they can have a secondary effect. So I took, so I thought yeah and it worked, it worked well, it worked. I and it worked quite quickly</p> <p>M Yes that did help my mood as well, that did help my mood. Then, no it didn't help my mood, it didn't it helped the physical side, that's right, that's right. So then my moods continued so I went back after about 6 months and we discussed it and she put me on HRT. Well I said I wanted to go on HRT because I wanted really to go on the Pill oestrogen based pill</p> <p>I What was it that had made you decide that</p> <p>M I'd read a lot about it and I read about the lack of oestrogen in your body has an effect. So I used to be on the mixed pill and I never had any moods whatsoever cos it was you know it was a good pill to be on, then I came off it. But she said because of my age at that time she didn't want to put me on that</p> <p>I What was it about your age that</p> <p>M After 40 they don't put you on that pill, they put you on a progesterone based pill so I said</p>	<p>Not wanting to take antidepressants</p> <p>Feeling a stigma about taking antidepressants</p> <p>Having taken antidepressants before to stop smoking</p> <p>Believing antidepressants can have other effects</p> <p>Antidepressants working quite quickly</p> <p>Antidepressants helping the hot flushes but not my mood</p> <p>Going back to dr because my moods continued</p> <p>Discussing what to do with my dr</p> <p>Dr put me on hrt</p> <p>Wanting to go on hrt</p> <p>Telling dr I wanted to go on hrt</p> <p>Wanting to take oestrogen pill</p> <p>Thinking my moods were due to low oestrogen</p> <p>Having taken contraceptive pill</p> <p>My mood being stable on the contraceptive pill</p> <p>Dr not putting me on oestrogen only contraceptive pill because of my age</p> <p>Discussing hrt with dr</p> <p>Dr agreeing to put me on hrt</p>
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<p>well what else is there and we discussed hrt and she said well you can go on hrt if you want I and was she supportive about you wanting to go on hrt</p> <p>M Yes, yes she was. I'd had no er history in my family or cancer myself and I'm quite fit so she had no concerns</p> <p>I and you, did you have concerns or</p> <p>M Well I had read about it, the increase in potential ovarian and breast cancer is something like, it's very small you know so I just thought you know I'd take the risk. Because sometimes with studies I believe that it's not all my, it's not always directly related to you know they might have done a study and it might be something else so um so I took that. So I did, I went on hrt and it did really help that side of it</p> <p>I In what ways did it help</p> <p>M I'm, I'm the woman I used to be. I mean before that I would say....when I started ... probably before 3 years ago, before that, I wasn't the woman I used to be I could you say a bit more about that?</p> <p>M That was just my energy levels my wanting to be really strong my, getting out there very dynamic, that's how I've always been er very upbeat. I wasn't that woman, I was less of that, so my aim was always to become that woman, and if not a bit more, to have that woman</p>	<p>Not having a family history of cancer</p> <p>Not having had cancer</p> <p>Being quite fit</p> <p>Dr not having concerns about putting me on hrt</p> <p>Reading about cancer risks from hrt</p> <p>Thinking that the risks are small</p> <p>Deciding I would take the risk</p> <p>Believing that studies may not apply to me as an individual</p> <p>HRT helped my mood</p> <p><i>On HRT I'm the woman I used to be</i></p> <p><i>Before taking hrt I wasn't the woman I used to be</i></p> <p>Not having my old energy levels</p> <p>Not being dynamic</p> <p>Not wanting to be strong</p> <p>Not being my upbeat self</p> <p>Being less than I used to be</p> <p>Aiming to get back to the woman I used to be</p> <p>On hrt I became the woman I was and more probably</p>
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<p>back and be a bit more and that's what hrt did for me and I became the woman I was and more probably</p> <p>I So you got back your kind of energy</p> <p>M Yes all of it you know whatever it is, my mojo, yeah, yeah, yeah so then, I was on hrt for about a year and then I finished it so I said to myself well let me just come off it for a while</p> <p>I so was that just a decision you made?</p> <p>M Yeah</p> <p>I What do you think was behind that?</p> <p>M I suppose this fear of hrt, thinking that maybe I've regulated myself now, maybe the symptoms of perimenopause will, cos what had happened is I'd started to get regular periods again. So maybe if I come off it I will be, I'll be fine. So I thought to myself ok I'll come off it. This was earlier this year I decided to come off it oh well I just ran out of tablets and I just thought. And then I was in, I do boxing so I was at boxing and I was doing my boxercise and this woman I said to her I must go and get some more hrt and she's a nurse and she said why don't you try menopause because it's isoflavins you know so I said ok I'll do that so I tried Menopace. All through this time my moods had been good, but then the heat started back</p>	<p>Getting back all my energy on hrt</p> <p>Getting my mojo back on hrt</p> <p>Deciding to try coming off hrt</p> <p>Fearing hrt</p> <p>Hoping that hrt had regulated me and I would be ok now</p> <p>Having regular periods on hrt</p> <p>Thinking the regular periods meant my body was regulated</p> <p>Hoping I would be fine without hrt</p> <p>Deciding to come off hrt</p> <p>Running out of hrt tablets</p> <p>Telling another woman I needed to get more hrt tablets</p> <p>Another woman suggesting isoflavins (menopace) instead of hrt</p> <p>Listening to the other woman because she was a nurse</p> <p>Trying menopause</p> <p>Moods being good</p> <p>Heat coming back when I stopped hrt</p> <p>Still taking antidepressants</p> <p>Heat coming back worse when I stopped hrt</p>
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<p>I Were you still taking the antidepressants</p> <p>M Yes</p> <p>I So you were still doing that but the heat still</p> <p>M It came back, it came back, and it came back worse actually</p> <p>I Day and night</p> <p>M Yeah I'd be sitting here phew you know, more often, more often</p> <p>I Oh more often than even when you'd started the treatment</p> <p>M Yeah more often. So I put up with that for about 2 months</p> <p>I What was the most difficult about that for you</p> <p>M I'd just be sitting there and I'd get hot and I'd be flustered</p> <p>I oh right so being hot made you feel flustered in yourself</p> <p>M yeah and you just think to yourself you know it's 3 or 4, 5 times a day and it just makes you feel like something's disturbing your life, I dunno you know yeah</p> <p>I So you felt disturbed by it</p> <p>M Yeah</p> <p>I Did it affect your ability to function at work or as a mum or?</p> <p>M..... not really, not really</p> <p>I it was just uncomfortable</p> <p>M yeah and again the tiredness at night</p> <p>I Mmm because it was happening at night too was it?</p> <p>M Yeah so you try and fall asleep and you would get this hot thing and it would stop you falling asleep so yeah, yeah, so um I went back on hrt</p>	<p>Heat coming even when I am just sitting still</p> <p>Flushes coming more frequently</p> <p>Putting up with flushes for 2 months</p> <p><i>I'd just be sitting there and I'd get hot and I'd be flustered</i></p> <p>Flushes disturbing my life</p> <p>Flushes not stopping me functioning</p> <p>Flushes making me feel uncomfortable</p> <p>Flushes making me tired</p> <p>Flushes stopping me falling asleep</p> <p>Going back on hrt because of flushes</p> <p>Feeling fine again on hrt</p> <p>Taking both hrt and</p>
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<p>I Same one as before?</p> <p>M Yes so that I've been on about 3 months now and it, I'm fine</p> <p>I so it's working again</p> <p>M So I'm on both now hrt and citrapol yeah</p> <p>I so you're taking the both</p> <p>M yeah</p> <p>I and you're feeling back to yourself again or</p> <p>M yes, yeah definitely, definitely but it's hard to know you know when to stop. I suppose my periods will dictate when I come off them because it's supposed to be a year isn't it, I don't know, so have to go back and see her in a few months.</p> <p>I So you're on it and it's working well but you're thinking I don't quite know how I'm going to stop.</p> <p>M Yeah I don't want to be pill-popping forever. No. I don't really want to be</p> <p>I How do you feel about taking a pill or two pills every day now?</p> <p>M Well I've got used to it cos I used to be on the contraceptive pill, I suppose you know, but I don't like pill popping I don't like the concept of it, yeah</p> <p>I Mmm a lot of women have said that, what is it about it you don't like?</p> <p>M It's the dependency and obviously you are putting chemicals in your body</p> <p>I So it's depending on something else and also the thought of chemicals</p>	<p>antidepressants</p> <p>Feeling back to myself again</p> <p>Not knowing when to stop hrt</p> <p>Thinking my periods will tell me when to stop</p> <p>? not knowing how hrt works</p> <p>Not knowing how long I can take hrt</p> <p>Thinking I might have to stop after a year</p> <p>Needing to go back to dr to talk about stopping</p> <p><i>Not really wanting to be pill-popping</i></p> <p>Being used to taking a daily tablet because of contraception</p> <p>Not liking the idea of pill popping</p> <p>Not liking depending on pills</p> <p>Not liking putting chemicals in my body</p> <p>Thinking tablets can make you worse</p> <p>Not liking the idea of chemicals changing my body</p> <p>Not being comfortable taking</p>
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<p>M Yeah, yeah and I sometimes think tablets can make you feel worse you know I'm of that ilk that if you put chemicals in your body then you're probably changing it yeah</p> <p>I Ok so your sort of normal, your general approach is don't take medication, don't take chemicals M yeah or take then for a short time really, you know take em for a short, to get over an acute you know</p> <p>I But this is a long term thing so that's quite different for you</p> <p>M Yes it is yeah. But funny enough when I watched Loose Women once, Janet Street Porter was on it, she really caught my eye cos she said to me, I've never been in the menopause cos I went straight from the pill straight to hrt and I've felt fantastic ever since and that has really, that really stuck in my mind, so her saying that made me, one of the things that made me go to hrt as well.</p> <p>I Knowing somebody else who was (Myeah) do you know many other people who are taking hrt?</p> <p>M No in fact I asked my sister who's 10 years older than me, I asked my sister and she said no I just, she goes I just sucked it up you know</p> <p>I Sucked it up that's interesting a kind of, how did that make you feel when she said that</p> <p>M I thought I don't want to do that, why do that if you don't have</p>	<p>medication for a long time</p> <p>Not being comfortable taking tablets which aren't to treat an acute illness</p> <p>Feeling better about hrt because Janet Steet Porter is on it</p> <p>Going straight from the pill to hrt</p> <p>Feeling fantastic on hrt</p> <p>Being influenced by celebrity role models</p> <p>Public women I admire talking about hrt legitimising it</p> <p>Not knowing other women on hrt</p> <p>Asking my older sister if she took hrt</p> <p>Sister '<i>just sucked it up</i>'</p> <p>? sister thinking I should put up with menopause symptoms</p> <p>Not wanting to put up with menopause symptoms</p> <p>Questioning why I should put up with menopause symptoms when I don't have to</p> <p>Noticing that friends are going through menopause</p>
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<p>to?</p> <p>I right yeah why</p> <p>M You know why put yourself through that when you don't have to yeah</p> <p>I And what about your friends, have you got friends of the same sort of age or?</p> <p>M Well I have and they're going through the change, and it's quite interesting because one of my friends erm she started to get aches and pains and I said oh you're probably going through the change and she dismissed it and she's now going to all these specialists. And I said oh it's probably the change, your body changing, but she won't accept that. My other friend, who's got swollen feet. I said to her last year, you'r probably, your body's changing a bit. And she's been through loads of tests and they've actually now said to her, go for hormone tests. You know, it might be something to do with your hormones. They've gone through every, she's been to two different specialists, and now you're saying it's probably the change in your body and the way you feel</p> <p>I but they haven't wanted to accept that?</p> <p>M Neither of them, and I've suggested and neither of them have taken that on at all, that's their prerogative obviously but mm</p> <p>I Why do you think that is</p>	<p>Friends not wanting to accept it is menopause</p> <p>Friends not wanting to talk about menopause</p> <p>Friends preferring to link their body changing to illness</p> <p>Thinking that her friends' aches and pains are due to menopause</p> <p>Drs not considering menopause at first when friends go to see them</p> <p>Drs eventually advising friends to have hormone tests</p> <p>Friends not accepting it when I suggest their symptoms could be menopause</p> <p>Friends not wanting to accept menopause because it is linked to aging</p> <p>Reading about menopause</p> <p>Taking from book that it is helpful to accept menopause</p> <p>Book suggesting that women don't accept menopause because it is the end of child bearing</p> <p>Disagreeing that for me accepting menopause is about accepting end</p>
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<p>M I don't know I think age, I think an age, don't want to say I ok age</p> <p>M They don't want to say. Because I read a lot, I read a really good book about menopause, I can't remember who wrote it, it's quite an old book. It's basically about accepting it and um you know it was saying that a lot of women find it hard to accept going through the change because it's stopping their child thing age. But I'd already accepted that wasn't going to happen, any more children, so I didn't really have to accept that I wasn't going to have any more, and also if you are a good looking woman, if you're a good looking woman you're looks start to go and what you depended on starts fading, you know what I mean and your identity starts fading. I read a lot about it and I found it very interesting to read about it</p> <p>I that is a really interesting book</p> <p>M yeah it was really interesting. I got it from the library and it was really really really good, it talked about the physical things but it talked about the emotional and mental change as well and how yeah women will not accept that. Or people's perceptions of menopause is like 50 odd and you've stopped having your periods but there's this whole thing before. yeah</p> <p>I did you, what were your</p>	<p>of child bearing</p> <p>Already having accepted that I wouldn't have more children</p> <p>Thinking that for a good looking woman menopause is about accepting your looks start to go</p> <p>Thinking that for some women looks are a big part of their identity that is challenged at menopause</p> <p>Not being the kind of woman who depends on her looks</p> <p>Being very interested in reading about menopause</p> <p>Thinking of menopause as emotional as well as physical</p> <p>Women not wanting to accept the emotional side of menopause</p> <p>Women thinking menopause is only about periods stopping</p> <p>Only thing I knew about menopause is that periods stop in your 50s</p> <p>Expecting periods to just stop</p> <p>Knowing can't have children after periods stop</p> <p>Expecting childbearing to stop in mid 40s</p> <p>Not really linking menopause and the end of childbearing in my mind</p> <p>Expecting menopause in my 50s</p> <p>Not expecting any changes in my 40s</p>
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<p>expectations before</p> <p>M Well if someone had said 10 years ago, I'd have said oh 50 odd your periods stop</p> <p>I ok they just stop</p> <p>M yeah, they stop and then you're, you can't have children anymore. I don't, I knew that childbearing was probably finished at 45 so I didn't really put the two and two together. You know you'd think I'd put the two and two together but yeah definitely 50s, I've always thought of early menopause as 40s definitely your periods stopped</p> <p>I and that was kind of it</p> <p>M yeah and then you started menopause</p> <p>I ok so it started after your periods stopped you didn't expect to get any symptoms while you were still getting periods</p> <p>M no not at all</p> <p>I ok right, and what symptoms did you expect to get after your periods had stopped</p> <p>M hot flushes</p> <p>I hot flushes ok anything else</p> <p>M Craziess you know the normal yeah (laughs)</p> <p>I Right yeah and how long did you expect that might last</p> <p>M 3,4,5 years yeah</p> <p>I and where do you think you got your expectations from</p> <p>M I've no idea, no idea. It's only when I started reading about it myself I felt enlightened yeah perimenopause never came into my mind, never heard of it you</p>	<p>Expecting menopause symptoms to start AFTER periods stopped</p> <p>Not expecting any symptoms while I was still having periods</p> <p>Expecting hot flushes to be menopause symptom</p> <p>Expecting craziness to be menopause symptom</p> <p>Thinking flushes and craziness is what everyone expects from menopause</p> <p>Expecting menopause symptoms for 3 to 5 years</p> <p>Not knowing where I got my expectations from</p> <p>Feeling enlightened when I started reading about menopause</p> <p>Never having heard of perimenopause before</p> <p>Noone in my peer group knowing about perimenopause</p> <p>Peers looking at me as if I'm crazy when I suggest they could be going through the change</p> <p>Friend in US getting individually tailored help</p> <p>Thinking individually tailored help would be better</p>
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<p>know until I read, started reading about it. And I don't think in my peer group anybody, when I talk to my peer group they never, when I say something, oh do you think you're going through the change they look at me as if you know. A couple of my friends, one of my friends from Los Angeles she actually she funnily enough, we went to school together, she's going through it but she's getting tailored help for her because over there you get very tailored help for yourself, you know as private, you know it's very tailored. They seem to have, she said oh we've got a great system over here, very tailored for an individual.</p> <p>I So treating you more as an individual</p> <p>M yes so she understood when I, we email each other, she understands but she's the only one. Even my sister was quite well 'I just sucked it up' didn't really talk about it or anything</p> <p>I and do you get the feeling when you talk with your friends are they comfortable to talk about your menopause, is it something it feels ok to talk about</p> <p>M I don't know, I just tell them anyway (laughs)</p> <p>I and is that how you usually are, pretty open</p> <p>M yeah, yeah cos I said to one of my friends, one of my friends said oh xx you're never gonna believe what I've been going through. This</p>	<p>Friend in US is the only one who understands</p> <p>Sister not talking about menopause Sister just putting up with it but not doing anything about it ?sister not paying attention to menopause</p> <p>Telling friends about my menopause</p> <p>Being an open person with friends</p> <p>Telling my friends what I'm going through Telling friend I want to go on hrt</p> <p>Friend saying she doesn't feel menopausal Telling friend to watch out for menopause Laughing about menopause Talking openly to very good friends about menopause</p> <p>Warning my friends about menopause</p>
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<p>is about 2 years ago blah blah blah. She says oh really. So she says yeah I want to go on hrt and she told her mum and her mum and her mum, she's about 60, she goes oh what have you been on, I goes oh I don't feel like that at the moment and I said that's good watch out for it, watch out for it. We were laughing you know, so a couple of my very good friends I do talk very openly about I So you are kind of warning them M yeah yeah yeah I and where do you think you'll get information from about stopping hrt? Mstopping it? I Yeah you were saying I don't know how I'm going to come off it. Where will you go to sort of find out about that M The dr probably. I mean I think the only way. I suppose it does depend on my periods you know that would maybe be the catalyst. You know I'm, she said to me, cos I didn't tell her I was going off it, but when I went back to get them she goes it's good to come off it now and again. She goes it's a good thing to do and I goes ok I Why did she M I suppose medically, I don't know so maybe in a year I might come off it again and see what happens I what for a gap? M yeah yeah. But the Menopace, I thought it was helping me and it</p>	<p>Dr as source of information about stopping hrt</p> <p>Not understanding how hrt works Not telling dr when I decided to try coming off hrt Dr saying it is good to have breaks from hrt</p> <p>Not knowing why dr thinks it is good to have breaks from hrt Thinking I might come off it in a years and see what happens Thinking menopace was helping but it wasn't</p> <p>Not taking menopace with hrt because oestrogen like effect</p> <p>Not trying other alternative medicine Not expecting alternative medicine to be as effective as prescribed treatments Aspiring to be the kind of person who uses alternative medicine</p>
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<p>wasn't really</p> <p>I So are you still taking that</p> <p>M Ni I don't want to take more cos that's like got an oestrogen effect. I don't want to take more on top of, more yeah</p> <p>I So you didn't find that helped really, (M no no) have you tried any other things?</p> <p>M I've always found alternative medicine doesn't really do the complete trick. I've always found that, I'd love to do it but it's not as good as the, you know manufactured stuff</p> <p>I So your experience with other things has been that it's better to go to the dr and get the full whack kind of thing</p> <p>M yeah yeah</p> <p>I and um do you remember anything about your mum's menopause?</p> <p>M No, my mum doesn't talk about those sort of things</p> <p>I mmm that's very common</p> <p>M Yes because I went to her what age did you start and she went oh I don't know. She probably didn't know in her day, she probably didn't, no</p> <p>I and thinking back you can't remember anything and think oh</p> <p>M no she was always moody, no not really. So no nothing</p> <p>I so you really don't remember about</p> <p>M no</p> <p>I and have you um have you talked with your daughter at all about</p>	<p>My usual approach being to see the dr for prescribed treatments</p> <p>Mum not speaking about her menopause</p> <p>Asking mum when she started menopause</p> <p>Mum not knowing when she started menopause</p> <p>Thinking the sign of mum's menopause would have been moodiness</p> <p>Not remembering mum's menopause</p> <p>Telling daughter when I have my periods</p> <p>Telling daughter 'I've got my hormones' when I have my period</p> <p>I've got my hormones meaning expect less of me</p> <p>I've got my hormones meaning I just want to lie down and watch tv</p>
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<p>your menopause</p> <p>M yeah yeah, hormones, I call them hormones so she understands that</p> <p>I has she started her periods yet</p> <p>M yes she started when she was 10 so she understands hormones. Sometinmes I go 'oh I've got me hormones now'</p> <p>I Oh ok what would you mean, what would she understand you mean by that do you think</p> <p>M I might be not so engaged and not so funny as normal</p> <p>I you might be a bit less out there</p> <p>M yeah yeah yeah and she's the same she'll say oh I've got my hormones mummy and she just wants to lie down and watch tv yeah</p> <p>I So if you say to her oh I've got my hormones you probably mean I just want to lie down and watch the tv or I might go to bed early</p> <p>M yeah yeah yeah or don't wind me up to the extent you know (laughs)</p> <p>I oh so it's a bit of a warning, a bit of a don't push me</p> <p>M yeah which she doesn't really, she's that age where she doesn't, she knows that</p> <p>I and what about at work, do you think your menopause has affected you at work at all?</p> <p>M Not really cos I work from home, I'm on my own a lot. I'm a PA, I've got 2 bosses, one of them goes around the world so I don't see him as often, so I haven't had</p>	<p>I've got my hormones meaning don't wind me up</p> <p>Menopause not affecting work because I work from home</p> <p>Thinking I might be tense if I worked in an office</p> <p>Menopause affecting my kickboxing</p> <p>HRT making my breasts hurt</p> <p>Changing to more gentle exercise since menopause</p> <p>Not wanting to do extremely strenuous exercise anymore</p> <p>Understanding my body as middle aged now</p>
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<p>that tested yeah. I can't say, maybe if I worked in an office I'd be a bit more grrr</p> <p>I You've got a bit more control then about your working life</p> <p>M yes yesa, I have, I mean I used to, I'm a black belt at kickboxing and what I did noitice when I started the menopause or the physical change er because my breasts would hurt so much and when I started taking hrt they started really hurting because of the oestrogen. So I wasn't so, when I was trying to do some jumps and kicks it was really difficult and I'm quite light so um also what I find now, I do quite a lot of exercise um I've gone onto yoga and pilates now a bit more I've found the real physical activity I used to want to do I don't want to do anymore, the real laying out my, I can't be bothered, it's almost as if I've psychologically moved, understanding my physicality I've moved to a different place and I call it my middle aged place, yeah</p> <p>I What's that like</p> <p>M So what I, I've made some changes in my life so, instead of doing the all out kickboxing, I'm doing pilates and yoga which is much more gentler. Now I did yoga 10 years ago and I absolutely hated it because it wasn't, it wasn't fast enough for me, so I've moved to that. I've also become a trustee at the women's centre something I probably wouldn't</p>	<p>Moving from kickboxing to pilates and yoga since menopause</p> <p>Finding yoga too slow 10 years ago but liking it now</p> <p>Becoming a trustee at the women's centre since menopause Feeling more confidence to be a trustee</p> <p>Enrolling myself on a cooking course Finding I want to do things which I used to think were middle aged</p> <p>Starting to choose to do things which I used to avoid because I thought of them as middle aged</p> <p>Acknowledging that I am physically changing</p> <p>Not being able to kickbox the way I used to ?not thinking of my body as strong as I used to</p>
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<p>have done before, um, yes I've started doing things, I've enrolled myself on a cooking course doing things what I would call a bit more middle aged. Still don't like gardening</p> <p>I So there is that sense of doing things which are what you think of as what middle aged women would do</p> <p>M But I want to do them now</p> <p>I Also you want to do them whereas you didn't before</p> <p>M No I didn't want to before</p> <p>I That's really interesting, so it's not that you're thinking this is what I ought to do, it's that you're finding that you want to do different kinds of exercise</p> <p>M yes but I also acknowledge that physically I'm changing, I acknowledge that</p> <p>I Right, what are the most important ways you feel you're changing</p> <p>M Well the way I can execute, I don't want to, I used to spar a lot kickboxing, I don't want to do that, I just don't want the ultimate knocking myself out exercising which I did for years, which I loved</p> <p>I You used to really love to go to the absolute max</p> <p>M Yeah take myself to the max yeah, now I don't want to, not interested at all</p> <p>I Oh that's really interesting isn't it, did that happen gradually or</p> <p>M Well I kind of had to accept that I physically couldn't do it, but why I</p>	<p>No longer wanting to exercise at the ultimate intensity</p> <p>Not interested in pushing my body like I used to</p> <p>Having to accept that I physically couldn't exercise as I used to</p> <p>Telling myself I couldn't carry on with very strenuous exercise</p> <p>Not really knowing why I thought I couldn't carry on kickboxing as I used to</p> <p>Thinking of my body as more fragile</p> <p>Thinking of my body as not able to do what a young woman could</p> <p>Not having the motivation to exercise like I used to</p> <p>Making positive changes consistent with thinking about my body differently</p> <p>Reading about menopause helping me to change the way I exercise</p> <p>Reading the book helping me to accept the changes in my body</p> <p>Women suffering because they don't accept menopause</p> <p>Women needing to accept no longer having children</p> <p>Women needing to accept that their looks change</p> <p>Not accepting menopause giving women another pressure to deal with</p> <p>I have embraced change</p>
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<p>said that to myself I don't know, because maybe I could have done I Ok so it was sort of in your head in a way (M yeah, yeah) you started to think of your body as a bit more fragile did you or</p> <p>M Yes, not capable of doing the things maybe a 25 year old or so would. Maybe not having the motivation to do it either yeah but I have made, you know reading that book really helped me make the changes that were in my head. I what was most helpful from the book?</p> <p>M um acceptance, accepting the change because women who don't accept it suffer. It's the ones who don't accept they can't have children anymore, who don't accept that their looks are gonna change and you know I and fight against it</p> <p>M Yes well not accept it and then they've got that to deal with as well, not accepting it. So @I've quite embraced it actually yeah and I'm moving forward. Cos when I said to you earlier about being the woman I wanted to be, used to be I'd say when I was 35. I accept that I won't be that woman, I accept now that I could be a better woman. It took me a long time to accept that I could be better. Because I assumed that as you got older and so on you'd be less able, less physically able I less able to do things?</p> <p>M Yes but I actually think you can</p>	<p>Embracing change has enabled me to move forwards</p> <p>Accepting that I won't be the woman I was when I was 35</p> <p>Thinking that I can be a better woman</p> <p><i>It took me a long time to accept that I could be better</i></p> <p>Having assumed that as I got older I would become less able</p> <p>Now thinking that as I get older life experience can make me more able</p> <p>Feeling more confident now</p> <p>Training to be a job coach for the homeless</p> <p>Not having the expertise to be a job coach when I was younger</p> <p>Not feeling as nervous as when I was younger</p> <p>Volunteering as an adoption UK coordinator</p> <p>Feeling I have experience to offer now</p> <p>Menopause is a transition</p> <p>Coming through the other end</p> <p>Not having finished menopause</p>
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<p>be a better woman, because you have more life experience. Yeah I So has your confidence grown a bit then</p> <p>M I'd say so yeah I feel like, I'm a job coach, I'm training to be a job coach as well at work, to people who are homeless. Now years, I probably wouldn't have thought I'd have the expertise to do that, I'd be a bit nervous about doing that. I don't feel nervous any more. And I volunteered to adoption UK as coordinator for the south east and again I wouldn't have felt I'd've had the experience. I feel I have the experience now. I So it's something about you, it's made you take and recognise the experience you've got</p> <p>M Yes, a transition in other words, come though the other end feeling, yeah</p> <p>I Yes other people have used that word of coming through the other end of something (M yeah)</p> <p>M But yet I'm not really, I haven't even stopped my periods, it's almost a mental thing I've sort of accepted that</p> <p>I what is it that you've come through</p> <p>MBeing.....a woman of a certain age, I think when you're a certain age.. you know I can't have children any more, that's fine I've got no problem with that whatsoever, but those days of waiting at the school gate are gone, you know the primary school</p>	<p>Having made the transition in my head</p> <p>Leaving the lifestage of being a childbearing woman</p> <p>Not having a problem with being unable to have more children</p> <p>Feeling sad that the days of being a mum at the school gate are gone</p> <p>Accepting that lifestage is gone</p> <p>Now that I have accepted that lifestage has gone I feel positive about the future</p> <p>Having time to volunteer now my daughter is older</p> <p>Pushing myself to start volunteering</p> <p>Feeling pleased that I pushed myself</p> <p>Wanting to give something back to the community</p> <p>Feeling anxious about taking on something new</p>
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<p>gate, they're gone and I think I get a twang going ooh, but I think I've accepted it, it's that kind of being a woman of that age, of being childbearing, of being able to do all those things</p> <p>I it's accepting that that's gone</p> <p>M that's gone yeah</p> <p>I It sounds like you are feeling quite positive about what can be in it's place now?</p> <p>M yeah yeah yeah and I made myself, I made myself become a volunteer cos I've always wanted, I did voluntary work before I adopted my daughter, and then for a few years I had to stop because working and she was my number one so I wanted to go back so I pushed, I did push myself. I kind of half didn't want to but glad I did.</p> <p>I What was that about</p> <p>M I knew I wanted to volunteer again, I knew I did, I knew I wanted to give something back to the community so I put myself there but at first I was 'my god what am I doing' you know, but I'm glad I stuck at it</p> <p>I So it sounds like you've taken up quite a lot of sort of nurturing, you know with your trusteeship and your you j=know training to be a mentor like you are taking on other kind of maternal roles almost?</p> <p>M Yeah maybe yeah yeah</p> <p>I looking after other people</p> <p>M was that conscious or</p> <p>I well I don't really want to look</p>	<p>Taking on nurturing roles</p> <p>Not being the kind of person who wants to do hands on caring roles</p> <p>Wanting to use my PA skills behind the scenes</p> <p>Knowing what I am good at</p> <p>Knowing myself</p> <p>Feeling there are new things ahead for me</p> <p>Travelling outside Europe for the first time this year</p> <p><i>I wanted to do something really different</i></p> <p>Feeling pleased to have done something new</p> <p>Wanting new experiences</p> <p>Having a list of things I want to do</p> <p>Having felt that life was all a bit the same and wanting change</p> <p>Planning for change realistically</p>
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<p>after other people directly, like the trustee I don't like that, I don't like the hands on I prefer the behind the scenes</p> <p>I Using your PA sakills?</p> <p>M yes, yes yeah</p> <p>I so as well as some thinbgs ending there's some new beginnings for you</p> <p>M I feel very much so yeah. I mean this year I went to Mexico and it's the first time I've been, I've always been to Europe but I wanted a change this year, I wanted to do something really different and I wanted to go that part of the world and I did and again I felt I've experienced something nerw and I'm very much I've got a whole list of things I want to do</p> <p>I What prompted you to make that sort of list is it a physical list or a list in your head?</p> <p>M both but since 3 or 4 years ago I've thought oh you know I've done this and I've done that and there's not much else to do and I'm still going kickboxing and I'm working the same job and you know I felt like that.</p> <p>I a bit like life was the same</p> <p>M yes</p> <p>I so that prompted you to think of other things</p> <p>M yes but I thought about it in a middle aged way, I thought about what can I physically do now, the yoga you know what can I use my experience inmm</p> <p>I That's really helpful thank you</p>	<p>with what I can do now</p> <p>Planning how to use my life experience</p> <p>Menopause not being about fertility for me because I knew I wasn't fertile when I adopted my daughter</p> <p>Deciding at 42 not to adopt another child</p> <p>Wanting to adopt another child but deciding it wasn't practical for a number of reasons</p> <p>Having decided not to adopt more children this wasn't an issue at menopause</p> <p><i>I never wanted children over 40 anyway</i></p> <p>Thinking of over 40 as physically too old to have child</p> <p>Understanding that women might feel differently if they hadn't made similar decisions</p> <p>Having decided not to have more children before menopause signs</p>
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<p>and what about, you talked about how you'd always thought after my mid 40s I wouldn't be able to have any more children, what does that sort of aspect of it mean to you? Your menopause, periods ending, not being fertile any more</p> <p>M Well it doesn't really affect me because I wasn't fertile when I adopted xx but also I was offered another child, sounds terrible doesn't it, when I was 42 and I couldn't I had to really think hard, really hard about taking another child on, I wanted to, my heart wanted to but my head didn't because I've only got a 2 bedroom house, I work, so I made a decision at 42, so I'd made that decision that, it made me make that decision yeah, it made me make that decision</p> <p>I so that decision was already in place before your perimenopause symptoms started</p> <p>M and I never wanted children over 40 anyway cos I physically you know, so that decision was made before I experienced this but I can see why women would kind of feel, would have it upon them</p> <p>I If it had come out of the blue but that decision had already been made</p> <p>M Yeah I'd already had, no no, I'd already made that decision, I wasn't going to have any children by making that decision yeah</p> <p>I So do you feel that fertility has been important in how you think</p>	<p>began</p> <p>Fertility being important to my identity when I was younger</p> <p>Age being more important than menopause in ending childbearing</p> <p>Some of my friends thinking differently about having children in their 40s</p> <p>feeling sorry for friends in their late 30s looking for a partner and feeling pressure to have children</p> <p>Remembering feeling that pressure myself</p> <p>being in a different generation to that woman who is in her 30s and feeling pressure to have children</p> <p>Feeling in a different generation to my younger self</p> <p>understanding the drive younger women feel to have a family before it's too late</p> <p>Understanding the behaviour of younger women who are feeling the drive to have a family</p>
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<p>about yourself? in the past, whether I'm fertile or not</p> <p>M oh yeah when I was younger, oh yeah when I was younger. So I mean now I always have in my mind 40 was always the cut off having children naturally or unnaturally you know. It was always the cut off for me, 40 obviously some women might be, some of my friends still think they're going to have children you know (laughs). I can see the generations, couple of my younger friends who were 35 to 40 you know scrambling away, finding the man and I just feel sorry for them, you know what they are going through. I do think I'm not that woman, that woman is not my generation now</p> <p>I and you've never been? felt that pressure</p> <p>M Oh I did feel that pressure yeah I did in my 30s yes I did so I understand what they're feeling, you know the drive they're going through to have a family, I can totally understand the drive they are going through</p> <p>I so I see what you are saying now, you're saying I'm not that woman anymore, I've left that generation and I'm part of a different generation</p> <p>M Yes yes yes</p> <p>I but I remember it and I can sympathise</p> <p>M Yeah and I can see why yeah what's going on when they're</p>	<p>Feeling the loss of being in that younger generation of women</p> <p>The drive to have more children has just gone</p> <p>Menopause coinciding with daughter going to secondary school</p> <p>Daughter becoming more independent</p> <p>Menopause not affecting my relationship with my partner because we don't live together</p> <p>Telling partner about menopause (getting hot)</p> <p>Telling partner about going to the dr</p> <p>Telling partner I am getting angry because of menopause</p> <p><i>I never asked for his advice</i></p> <p><i>Partner interested to a certain extent</i></p>
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<p>doing the things they're doing yeah</p> <p>I so that's a pressure that you're no longer under so is that almost a bit of a liberation</p> <p>M No because I still it is an end isn't it you know you don't do that anymore. I wouldn't say it's a liberation it's neither probably it's just gone</p> <p>I and is your daughter in secondary school</p> <p>M Yes just started</p> <p>I so hence the no longer the mum at the school gate</p> <p>M yeah</p> <p>I so she's becoming more independent</p> <p>M yes</p> <p>I and what about with your partner, has your menopause affected your relationship with your partner</p> <p>Mnot really no</p> <p>I you had to think about that didn't you</p> <p>M yeah, no because we don't live together we're not day to day it's not so manifesting itself (laughs)</p> <p>I does your partner know about your menopause</p> <p>M Yeah I did tell him yeah, I said to him oh I'm getting hot, going to the drs, better get this better get that. I'm getting angry I better urgh yeah</p> <p>I was he interested or</p> <p>M yeah to a certain extent, oh I never asked for his advice</p> <p>I oh that was going to be my next</p>	<p>Telling partner when I am feeling hot</p> <p>Partner not knowing about menopause before I told him</p> <p>Not expecting men to know about menopause</p> <p>Partner being well informed when he wants to be</p> <p>Not knowing if partner has read up on menopause</p> <p>?not expecting partner to read up on menopause</p> <p>Not knowing how partner feels about menopause</p> <p>Not talking about feelings about menopause with partner</p> <p>Menopause not affecting our sex life</p> <p>Thinking menopause would affect our relationship if we live together because of moods</p> <p>Going home if I get irritated with my partner</p>
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<p>question</p> <p>M no</p> <p>I so it's very much your menopause that you manage and you would tell him about it.</p> <p>M yeah I'd say oh my god I feel so bloody hot you know, for god's sake you know</p> <p>I do you think he's got any sort of idea what menopause means before you told him about it or</p> <p>M no, no he's a builder so he's very much man's man so not really (laughs)hormones oh god you know. He can be well informed when he wabnts to be. When he wants to be he will read about something and be very well informed about it but I'm not sure if he's done that or not</p> <p>I You don't know whether he's done that or not, so you don't know how he feels about you having menopause</p> <p>M no no</p> <p>I It's not something you've talked about</p> <p>M no no</p> <p>I several of the women I've talked to said that too. And um has it affected your sex life at all</p> <p>M no</p> <p>I That's just carried on the same</p> <p>M yeah yeah. I think cos we don't live together, I have lived with somebody before and it's a bit different when you live together. It's more noticeable because the other week he was getting on my nerves a bit, I was in his house and</p>	<p>I would not have thought of living separately before (?before I entered this lifestage)</p> <p>Before I would have felt that we have to build a family life together (before I entered this lifestage)</p> <p>Being older has enabled me to think of this way of living</p> <p>Before I would seen not living together as a rejection (before I entered this lifestage)</p> <p>Thinking differently since menopause</p> <p>Being less driven since menopause</p> <p><i>I haven't got as much of an ego as I had before</i></p> <p><i>my driver isn't about getting everything like</i></p> <p>Being satisfied with my life now</p> <p>Reading psychology has helped me to become more content</p> <p>Reading psychology since starting menopause</p>
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<p>I go oh come on let's go xx so when you can leave you can just go bye (laughs)</p> <p>I so do you think that, you imagine that if you were living togwther then it might have more impact</p> <p>M yeah because I do believe my decision not to live together with him, I would never have thought of that 20 years ago, 10 years ago ever. Oh I would have very much been we've got to build a family life together you know I would never have thought of this way of living ever and I do think it's because I'm older and that that I've actually thought of this way of living. I would never, I would have actually taken it as rejection. I would have done yeah</p> <p>I whereas now you seem to see it very much as a strength</p> <p>M oh yeah yeah yeah I would have taken it differently yeah</p> <p>I do you think menopause has got anything to do with that</p> <p>M yeah I do, I do think differently. My driver, I haven't got as much of an ego as I had before, my driver isn't about getting everything like, I feel I've got what I've got and that's fine</p> <p>I You are sort of satisfied with where you are now</p> <p>M yes yes I have become since, I've read a lot more about psychology and stuff. I have read more trying to understand things yeah</p> <p>I so has menopause triggered that</p>	<p>Menopause leading me to take more care over my emotional wellbeing</p> <p>Always having looked after my body</p> <p>Accepting changes in my body</p> <p>Eating less since menopause to avoid gaining weight</p> <p>Being careful not to gain weight as I do less strenuous exercise</p>
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<p>as well, reading more about psychology and understanding yourself</p> <p>M Well I don't know whether it's triggered it but I've been doing it since so I don't know it's just something I've</p> <p>I Maybe not consciously but you. I just wondered about that because wsome women have spoken to me about menopause has made them take their body for granted less and they've started finding out more about healthy diets and things like that so I wondered if there was a similar thing somehow happening with you that (m yeah) it was making you take your emotions for granted less.</p> <p>M probably</p> <p>I I don't know</p> <p>M I think so yeah. I mean physically cos I do so much exercise</p> <p>I you've always looked after your body</p> <p>M yeah but even though I do accept that you can have changes in your body and I do accept that and I do agree with changing a diet for healthy and I do think um I eat less now, I eat less yeah so that I don't put much on. I don't weigh a lot but I don't want to find that I have to buy new clothes or anything</p> <p>I so since menopause you've consciously cut down a bit on what you eat</p> <p>M yeah because I cut down on my</p>	<p><i>reading more about more psychological stuff</i></p> <p>Not telling work colleagues about menopause</p> <p>Not needing to tell work colleagues because I work from home</p> <p>Menopause changing how I think about myself</p> <p>Becoming more resourceful <i>I think more of myself now</i></p> <p>Moods being the main impact of menopause on my life</p> <p>Moods being <i>quite hard to live with</i></p> <p>Moods being <i>hard to manage</i></p> <p>Menopause leading to <i>tweaks in lifestyle</i> <i>looking forward to a different way of life</i> through menopause Coming to terms with change</p>
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<p>kickboxing and I'd be here more in the evenings and I'd eat crisps you know boredom so I've stopped doing that because that would have happened at 20 or 30 or I if you'd stopped your kickboxing at another age that probably would have happened</p> <p>M yeah yeah so I don't know but I think yeah I think reading more about more psychological stuff</p> <p>I So you don't know what your partner thinks about menopause, you know that your friends think of it as something to avoid thinking about</p> <p>M yeah yeah</p> <p>I and have you talked to work colleagues at all, do they know you are having menopause</p> <p>M no</p> <p>I so they don't know and they wouldn't need to cos they don't see you so much</p> <p>M yeah</p> <p>I um do you think menopause has changed the way you think about yourself</p> <p>M yes I do yeah, very much so I'd say</p> <p>I in what way</p> <p>M umI think I'm more resourceful now, I think I think more of myself now</p> <p>I mmm think more of yourself</p> <p>M yeah</p> <p>I and what would you say has been the main impact of menopause on your life</p> <p>M Well definitely the moods, they</p>	<p>Accepting that a phase of life is coming to an end <i>leaving the past behind a bit</i></p> <p>Transition being more about leaving a life stage than about no longer being childbearing</p> <p>Liking the woman I was at 35 At first wanting to return to the woman I was at 35 Accepting I cannot go back to the woman I was at 35 Going back (through hrt) to someone who is different Thinking the woman I am now can be better Thinking I am different now</p> <p>Menopause not coming up in the work of the women's centre</p> <p>My experience of menopause triggering thoughts we should do</p>
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<p>were quite hard to live with I they were hard to manage M yeah for me they were hard to manage. I think secondary probably the tweaks in lifestyle, you know looking forward to a different way of life yeah I that was quite difficult to get your head round M yeah to leave the past behind a bit I so accepting that a phase of life is coming to an end M yes yeah I and I think can I just check I'm understanding you that that wasn't so much about being able to have children, it was about almost more about an age group, generation thing (m yeah) that bit of my life is changing, the real vigour of the kickboxing and all that and I'm entering a new phase (m yeah) not absolutely linked with having a baby M no not at all no I that was what I thought I was just checking M yeah yeah I so it's some kind of a transition from this bit of my life to that bit of my life. And letting go of this was difficult M Not difficult but I liked the woman I was when I was 35 and I said to you I wanted to go back to that but actually I've gone back to something different but probably a little bit better, but different, different</p>	<p>workshops on menopause at the centre</p> <p>Thinking ther might be interest in menopause workshops</p> <p>Thinking GPs would be the place to recruit women for menopause workshops</p> <p>Thinking menopause workshops would be interesting for women</p> <p>Centre being used by women of menopausal age but the subject never coming up</p> <p>Thinking it would be helpful to have a group where women could share their experiences of menopause</p> <p>Getting funding for menopause workshops not being a priority at</p>
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<p>I so it's about I like the woman I was when I was 35, I want to like the woman I am when I'm 55</p> <p>M yeah</p> <p>I and in your role as a trustee at the womens centre, does menopause come up in the work of the centre</p> <p>M not that I know of, even though when I was going through it 2 years ago I did have it in my head that maybe we should do workshops or something for local women. No. We'd have to develop a programme and get funding probably for that particular thing. It'd be good if we did a one off workshop once a year and see how it went, you know</p> <p>I Do you think there would be a need or an interest for that?</p> <p>M If we marketed it right yes, yes</p> <p>I it's very interesting because the person I interviewed last was the chair of an Asian women's wellbeing group and she said exactly the same thing</p> <p>M I think if we marketed it, if we went to drs and said we're holding this in 3 months, is there anybody you can think, referrals, it's hard to judge, would we be oversubscribed, would we be, if we did something for 10 people initially and see how it went. We'd get bums on seats I'm sure even friends of friends, you know we would um yeah it would be very interesting.</p> <p>I Are most of the women who use</p>	<p>the moment</p> <p>Never receiving mailshot information about menopause</p> <p>Not knowing about perimenopause before I experienced it</p> <p>Seeing things on tv and in the papers recently as though perimenopause is a new thing</p> <p>Women's magazine aimed at my age group not talking about menopause</p> <p>Menopause not being talked about whereas <i>they talk about everything else</i></p> <p>I found it very hard because menopause is not spoken about</p> <p><i>I felt very enlightened when I read about menopause</i></p>
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<p>the centre younger or?</p> <p>M It's a mix</p> <p>I oh so there's menopausal age women there</p> <p>M yeah it's geared towards domestic violence, that's the primary thing but I do think if we had a good menopause, you know help, I think that would be fantastic. And even like a group where you know somebody came in and talked but also obviously talking to each other, you know expressing their own you know experiences is would be very helpful but that's something we could develop down the line but we're trying to you know do what we do now, get the funding for a different sort of project, a freedom project.</p> <p>I So one of the reasons that it doesn't happen is that the funding isn't there for it</p> <p>M yeah we're doing 2 or 3 different projects at the moment. I mean we're a women's centre and it would sit well there because it's to support and advise local women I and do you ever get, I'm guessing that, you know you are on the mailing list for things and you get information sent and all that kind of thing. Have you ever had anything sent to you about menopause.</p> <p>M no</p> <p>I that's quite surprising in a way isn't it</p> <p>M I mean when I started reading</p>	<p>Trying to encourage friends to read about menopause</p> <p>Friends not wanting to read about menopause</p> <p>Not understanding why friends don't want to talk about menopause</p> <p>Sister <i>Just sucking it up</i></p> <p>Sister thinking she would just put up with it</p> <p>Being curious about my menopause</p> <p>Wondering if other women think they will just put up with it</p> <p>Seeing menopause as a massive hormonal change like puberty</p> <p>Understanding menopause as a major hormonal change like puberty enabling me to gear up for it</p> <p>Thinking I would have gone through puberty better if I'd understood it more</p> <p>Becoming informed so that I can help myself</p> <p>Finding information on the internet</p> <p>Being able to self-help using the internet and the library</p>
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<p>about it myself, I did feel like it was, that perimenopausal was almost a new thing that people and on tv a couple of people mentioned it or the daily mail had a thing about it and it was almost like a new thing you know. This woman's gone through perimenopause and what it meant and I thought oh yeah I and yet women have always been going through it M yeah and I get the you know the good housekeeping every month and they never talk about it in there. Yet they talk about everything else, everything else they talk about in there, everything else but not that. You know so it's very hard. But I felt very enlightened when I read that book so I tried to my friends do you want to and they're like no I so what's your theory about why it seems so hidden M I have no idea I mean I said to my sister and she said 'I just sucked it up' and maybe she saw it as oh I'll just go through it and maybe I'm different I'm just one that I'm very curious about it and very, you know maybe everyone else is oh I'll just go through it and. You know I see, another thing the book says which I really resonated with and when you're a teenager you go through that massive hormonal change this is the same but you're going through another change. And when I got that in my</p>	<p>Trusting NHS pages on the internet</p> <p>Being discerning in what I read</p> <p>Taking on board what resonates with me</p> <p><i>Thinking about that hormonal change going from a teenage to a woman</i></p> <p>Now making a transition from childbearing woman to middle aged woman</p> <p>Not having words to use for the life stage I am entering</p> <p>Hearing friends label 50 as an old person</p> <p><i>I'm trying to say I'm going from a young vibrant person to a middle aged person</i></p> <p>People don't want to hear about becoming middle aged</p> <p>Not having positive words to describe the next lifestage</p>
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<p>head, of course, when you are a teenager you go through all these, I thought this is the same sort of thing you know gear yourself up for it and go through it and enlighten yourself. Because if as a teenager I'd known a lot of the stuff I knew now or or stuff's at hand now isn't it. You know I could help myself. And now the stuff's out there on the internet I feel I can help myself because it's there ready to help myself</p> <p>I so the internet has been useful</p> <p>M yeah I've been able to self-help a lot because of the internet and the book</p> <p>I how do you decide what on the internet is good information?</p> <p>M It depends what source it is. If it's NHS source, certain sources yes I NHS would be the main?</p> <p>M yeah NHS and that book I read from the library, I felt it was done quite professionally, I felt it was a good. And just reading it I felt, I can pick up on these things, sometimes I think oh that's bollocks and not entertain it, but I felt some credibility by reading it. I don't take it that's correct, I read it and if it resonates with me</p> <p>I you take what's useful to you, what fits with you</p> <p>M yeah and going back, thinking about that hormonal change going from a teenage to a woman, now going from a child-bearing woman to a middle aged whatever you want to call it woman, so that's</p>	<p>Thinking of the next lifestage positively but not having the words to express it.</p> <p>Not wanting to describe myself as a middle aged woman</p> <p>Not wanting to use the words middle aged woman because they conjure an image of grey and past it</p> <p>Thinking middle age can be vibrant</p> <p>Valuing role models of strong active middle aged women</p> <p>Would tell a younger woman that</p>
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<p>another thing, what word do you use. What words do you use cos when I said to my friend once, she was dating I said to her, she was 46, I said why don't you go for somebody like 50. She went 50! 50! that's an old person. And her perception you know and I mean what do you call somebody who's you know what am I trying to say, I'm trying to say I'm going from a young vibrant person to a middle aged person. You know people don't want to hear that.</p> <p>I No and all the words which you'd add to middle age or whatever (M I know) they're not positive words are they?</p> <p>M No no</p> <p>I and yet your experience is that you aren't becoming something that isn't positive</p> <p>M No no yeah but what's the words for it but because it's hard to, there are no words</p> <p>I what word would you want to use</p> <p>M I don't know an experienced, an experienced woman that sounds horrible. I don't know it's just like I mm that's got connotations</p> <p>M yeah yeah, but middle aged woman sounds, isn't what I'd really want to use</p> <p>I because? what image does that conjure up</p> <p>M grey, you know, past it you know</p> <p>I mm that's difficult isn't it</p> <p>M yeah but it can be very vibrant</p>	<p>acceptance of menopause is important</p> <p>Would tell a younger woman that it helps to understand the change</p> <p>Would tell a younger woman to <i>get ready for a better life</i></p> <p>Would tell a younger woman to talk to dr about treatment</p> <p>Would tell a younger woman to read up about treatments</p> <p>Only going on hrt to stop being ratty with my daughter</p> <p>Not knowing whether I would have taken hrt if it wasn't for my daughter</p> <p>Thinking I might have felt I had to just put up with it if it wasn't for my daughter</p>
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I yeah absolutely. So Janet Street Porter has been a great role model for you, anybody else.

M Well anybody who's physical like Nadia Komanech you know or anybody physically able to I keeping physically active. Would she be our age

M She's 60 about 60 now. Yeah so there's lots of women that I admire, all ages for different reasons

I and if you could, if you were, say you could get the funding and could do something at xxxWomen, maybe even aimed at women who are not quite yet perimenopausal, in their early 40s say. What sort of message would you want to put across from your experience

M Oh from my experience, just acceptance is important, and understand the change, and prepare or get ready for a better life I would even say. That's just my personal yeah

I and what would you, what message would you give about treatment, about hrt or other treatments that are around, would you

M I'd just say talk to your dr self help read, I think everyone's different aren't they I mean I only went on hrt because of my daughter you know I didn't want to be ratty, it's not fair on her I So if your daughter was older and had left home, do you think you would still have taken hrt

<p>M I don't know I think I might not, I don't know I you might not have done, you might have felt you had to go through it or? M yeah 'suck it up' (laughs) I is there anything else you think I should have asked you, anything else you would have liked to have said? M um not really I that's been really really helpful, thank you so much</p>	
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Appendix 10 List of focussed codes by category

It feels like my body's been taken over by aliens

My body becoming different

Flushes making me realise I am menopausal

Periods changing

My body changing

My body changing permanently

Some physical things getting easier or unchanged at menopause

Bodily experience of menopause being characteristic of me

Menopause interacting with other life changes

My body becoming uncontrollable and unpredictable

A shift which I can't stop

Suddenly I'm starting to feel very hot

Such a real experience

Experiencing physical discomfort

A great kind of urghh

Feeling an intense need to relief symptoms

Being untroubled by symptoms

My body going wrong

Linking menopause to illness

My body becoming uncontrollable

My body becoming unpredictable

My menopause is hidden from me

Not knowing when it will start

Not knowing what is happening in my body

Seeking medical advice

Feeling diminished by my body changing

Feeling undermined by my body changing

Thinking menopause is affecting my memory

Thinking of myself as not coping/ unable to manage the demands on me during menopause

Menopause affecting sleep/ Getting tired

Feeling really tense (before a flush)

Flushes affecting my concentration

Worrying about the affect of flushes on appearance

My body requiring more care/ my body being more affected by the environment

Separating from the world

Menopause putting life on hold

Unattended because normal experience is seen as male experience

Going from one phase of life to another

Being moved into a different box

Menopause being associated with older women

Menopause making me think about aging

Beginning to feel a bit of a generation difference

Identifying myself with an older generation

Feeling different from younger women

Identifying similarities with younger people

Becoming different from my daughter

Thinking about my daughter becoming a woman

Thinking about mum at menopause

Not wanting to be like mum

Unattended because menopausal women are not a priority

Not just another frumpy menopausal woman

Resisting narratives of menopausal women – *just another frumpy old woman*

Holding dismissive/derogatory attitude to older/menopausal women

Expecting to be viewed negatively if seen as menopausal (eg flushing in public)

Men holding dismissive/derogatory views of older women

Dreading the impact of menopause on my appearance

Beginning to look older than I feel inside

Changes in my appearance impacting how I feel about myself

Thinking of myself becoming less attractive/looking older

Thinking of myself as becoming less feminine/desirable

Wondering if my partner will value me less

Expecting to be treated dismissively if I look older

Criticising myself for caring about my looks

Being treated differently in the workplace as a menopausal woman

Fearing becoming invisible

Fearing being judged as someone on their way out

Anticipating being an older woman will affect my roles in public life

Behaving as though I will be discriminated against

changing my aims

making more effort to be heard

avoiding drawing attention to my age

Feeling less confident to challenge work culture about menopause

Accepting business priorities

Age being viewed differently in men

acknowledging ageism can apply to men too

Steaming on ahead into the next phase of life

Worrying about the next lifestage

Planning for the next lifestage

Thinking about retirement

Seeing body as vulnerable after menopause

Thinking about grandchildren

Claiming status as wise woman

Becoming more confident

Fighting against getting older

Resisting the next lifestage, not giving in

Keeping it Hidden

A slightly taboo area

Stigmatising menopause

Men and women not talking about gendered bodies

Menstruation treated abhorrent by men

Being in denial

Resisting thoughts of menopause beforehand

Resisting thoughts about aging and health

Not knowing much about menopause beforehand Not knowing how my experience compares with others

Choosing not to focus on my menopause

Keeping it very very private

Not disclosing/hiding menopause

Not wanting men to see I am menopausal

Avoiding drawing attention to my age

Menopause less spoken of than 20-30 years ago

Being more open than our mothers were

Not talking to mother about menopause

Talking less to partner about menopause than other things in my life

Not knowing what partner thinks about my menopause

Limited talking to daughter about menopause

Using humour to communicate indirectly about menopause

Talking to peers about my menopause

Using relationships with other women

Expecting not to be understood by people who haven't experienced menopause

Managing my menopause myself

Managing my changing body

Fighting looking older

Just getting on with it

Choosing not to focus on my menopause

Unattended because menopause is a normal part of being a woman/ don't make a fuss

Unattended because women should focus on others

Looking after my body

Treating symptoms

trying alternative remedies

looking for patterns in my symptoms

finding what works by trial and error

Using relationships with other women

not treating menopause symptoms because I can cope

Taking HRT

Feeling uncertain about taking hrt

Being concerned about risks of hrt

Seeing HRT as unnatural

Linking HRT and contraception

Feeling a stigma about using HRT

Changing Lifestyle

How much is it acceptable to expect women to put up with?

Viewing the body as fixable

Whose body is it?

Resisting medicalisation

Managing menopause in ways that are characteristic of me

My health history affecting how I respond to menopause

My personality affecting how I respond to menopause

Managing menopause in ways which are determined by my responsibilities

Whose body is it?

I am the expert on my body

Becoming informed

Information and support not being available

Not knowing enough about my body

Finding out about treatments from other women

Not getting what I want from the doctor

My experience being categorised by professionals

Not having enough evidence about what to expect from hrt

Decisions about HRT being taken by Dr rather than me

Continuing my story while everything changes

Reviewing my story

Reviewing my story

Thinking it is about more than the physical change

Looking back/feeling nostalgia for youth

Acknowledging loss of maternal role

Re-evaluating lifestyle up to now

Evaluating my achievements

Thinking about the future

Wanting to grow/contribute

Not letting menopause stop life

Being reminded of mortality

Struggling to juggle the needs of others with my goals

Thinking that time is running out

Accepting I cannot turn back time

Menopause making me think like a feminist/woman

Comparing menopause to pregnancy/puberty

It's brought me back to myself

Shifting my focus onto myself

Holding onto my identity

Still being me

I'm different

Fertility not being important in how I think about myself

Not having words to use for the life stage I'm entering

Lacking role models

Writing this chapter

Reassuring myself

Expectations

Expecting menopause to be bad

Not having expectations

Making sense of what is happening to me

Applying scientific/medical thinking to my experience

Thinking of menopause as developmental

Trying to understand how menopause interacts with other life changes

Comparing my menopause with other women

Using mum as a benchmark

Comparing myself favourably to other women at menopause

Getting off lightly

Holding onto my identity

Still being me

I'm different

Struggling for words

Feeling the strain

Being more emotional

Being surprised by my feelings

Understanding emotion in terms of hormones

Getting more angry

being angry that menopause is unattended

Getting more anxious

Loss of confidence/becoming more confident

Controlling my emotions/ expressing my emotions

Seeing menopausal women as dangerous

Appendix 11 Table of Categories and Sub-categories

	Alison	Beth	Cathy	Diana	Evie	Faye	Gina	Holly	Jenna	Karys	Lisa	Maya
<i>It feels like my body's been taken over by aliens</i>												
My body becoming different	X	X	X	X	X	X	X	X	X	X		X
My body becoming uncontrollable and unpredictable	X	X	X	X	X	X	X	X	X	X		X
Feeling diminished by my body changing	X	X	X	X	X		X	X	X	X		X
<i>Going from one phase of life to another</i>												
<i>Being moved into a different box</i>	X	X	X	X	X	X	X	X	X ³	X	X	X
<i>Not just another frumpy menopausal woman</i>	X	X		X	X	X	X	X		X		X
<i>Steaming on ahead into the next phase of life</i>	X	X	X	X		X		X		X		X
Keeping it Hidden												
<i>A slightly taboo area</i>	X	X	X	X	X	X	X	X ²	X	X	X	X
Keeping it very very private	X	X	X ²	X	X	X	X	X ²	X	X	X	X
Managing my menopause myself												
Managing my changing body	X	X	X	X	X	X	X	X	X	X		X
<i>Whose body is it?</i>	X		X	X	X	X	X		X	X	X	X

Continuing my story while everything changes												
Reviewing my story	X	X	X	X	X	X	X	X		X		X
Writing this chapter	X	X	X	X	X	X	X	X	X	X		X
Feeling the strain	X	X	X	X	X	X ¹	X		X			X

1- described other women as more emotional but not self, used a hormones produce emotions discourse

2 – described self as open but spoke about etiquette in others

3-only in the few weeks before started hrt, interview focussed around hrt